DOCUMENT RESUME

ED 226 309 CG 016 612

AUTHOR Benjamin, Libby; Walz, Garry R.
TITLE Violence in the Family: Child and Spouse Abuse.
INSTITUTION ERIC Clearinghouse on Counseling and Personnel Services, Ann Arbor, Mich.
SPONS AGENCY National Inst. of Education (ED), Washington, DC.
PUB DATE 83
CONTRACT 400-78-0005
NOTE 100p.
AVAILABLE FROM ERIC/CAPS, 2108 School of Education, University of Michigan, Ann Arbor, MI 48109 ($9.50).
PUB TYPE Guides - Non-Classroom Use (055) -- Information Analyses - ERIC Information Analysis Products (071) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Battered Women; *Child Abuse; Civil Rights; *Counseling Techniques; Crime Prevention; *Crisis Intervention; Family Environment; Family Relationship; Individual Characteristics; Intervention; *Prevention; Program Descriptions; School Role; Social Problems
IDENTIFIERS *Family Violence

ABSTRACT

The two sections of this monograph deal with child abuse and spouse abuse as separate issues. The authors discuss the factors that have contributed to these problems, including historical antecedents, attitudes, and practices; and identify the characteristics of abusive caretakers of children, violent spouses/partners, and abused or neglected children. Sample intervention and treatment strategies are described, as well as broad components that should be part of any effective preventive or treatment program. Each section includes recommendations for future action intended to ameliorate and/or prevent abuse of children and spouses and help them to lead less fearful lives under more positive conditions. References are provided at the end of each section. (Author)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED226309

VIOLENCE IN THE FAMILY:

CHILD AND SPOUSE ABUSE

by

Libby Benjamin and Garry R. Walz

CG 016612

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

ERIC/CAPS

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

The National Institute of Education

This publication was prepared with funding from the National Institute of Education, U.S. Department of Education under contract no. 400-78-0005. The opinions expressed in this report do not necessarily reflect the positions or policies of NIE or the Department of Education.

ERIC COUNSELING AND PERSONNEL SERVICES CLEARINGHOUSE
School of Education
The University of Michigan
Ann Arbor, Michigan 48109
Published by ERIC/CAPS
1983

TABLE OF CONTENTS

About the Authors i

Foreword ii

PART I. CHILD ABUSE AND NEGLECT

Introduction 1
The Problem of Definition 3
Historical Antecedents and Current Legislation 7
Incidence of Child Abuse and Neglect 11
Factors that Contribute to Child Abuse and Neglect 15
Characteristics of Abusers 19
Identification of Abused/Neglected Children 23
Psychological/Emotional Consequences of Maltreatment 27
Prevention of Child Maltreatment 33
Role of the School in Child Abuse and Neglect 39
Program Goals and Strategies 43
Recommendations for Future Action 53
Reference List 57

PART 2. SPOUSE ABUSE

Introduction 61
Factors that Contribute to Spouse Abuse 65
Characteristics of Violent Spouses/Partners 71
Why Abused Wives Stay—Myths and Realities 79
Sources of Help for Abuse Victims 83
Battered Wives and the Law 87
Recommendations for Future Action 93
Reference List 97

ABOUT THE AUTHORS

This monograph is the latest in a long line of collaborative ventures by Benjamin and Walz. Libby, a Westerner by upbringing and education (M.A. from San Jose State University and Ph.D. from Oregon State University), joined the ERIC Counseling and Personnel Services Clearinghouse at The University of Michigan in 1974 as Associate Director of User Services. In 1982 she moved to Florida with her husband. Since then, as a "CAPS Emeritus," she has continued her writing and work on special projects for the Clearinghouse.

Garry is Professor of Education and Director of ERIC/CAPS at The University of Michigan. A native of Minnesota (M.A. and Ph.D. from the University of Minnesota), he has directed the Clearinghouse since he founded it in 1967. He has held many professional offices and leadership positions, including President of the American Personnel and Guidance Association (APGA, 1971-72), President of the Association for Counselor Education and Supervision (ACES, 1966-67), and Chairman of North Central ACES (1965).

Benjamin and Walz are perhaps best known for the Life Career Development System, a comprehensive program designed to teach life skills; for development of a number of competency-based staff development training modules; and for presentations and workshops throughout the United States and in several foreign countries on career development, stress, adult development, and change.

FOREWORD

Here at the ERIC Clearinghouse on Counseling and Personnel Services we undertake many tasks during a contract year. One of the most formidable is to produce concise, informative, attractively packaged publications on subjects of high interest and importance to professionals in our field. We call these documents Information Analysis Products. We choose the topics for IAP's with care and attention to the needs of our users; the requests for information from persons who visit, write or call the Clearinghouse; the feedback from other professionals in our liaison network; and the current literature as represented in the ERIC database, newsletters, and new books. During the course of several months, as requests begin to fall into categories and a lack of information on a particular subject is revealed, our frustration at being unable to fulfill our duty as an information center with substantive response capabilities illuminates a new topic for an IAP. Our impetus for creating this monograph came from just such a chain of events.

Family violence has emerged as a problem of serious proportions in the United States. Counselors and other helping professionals are demanding to learn more about the dynamics of violent intrafamilial relationships, about prevention strategies, and about programs of effective treatment. We see it as our responsibility to provide all the help we can in enhancing their understanding and contributing to the decline of family abuse in all of its forms.

This monograph treats family violence from two perspectives: child abuse/neglect and spousal assault. We have divided the document into two parts because we believe that the issues involved are discrete and highly complex. In the first section on child abuse, we have attempted to trace the historical antecedents of the problem, consider current contributing factors, discuss the characteristics of abusing caretakers and the psychological effects of abuse on children, identify successful programs of treatment, and present recommendations that may be helpful in improving the lot of our nation's children. The portion on spousal abuse describes the factors that contribute to the problem, what we know about the characteristics of violent partners, sources of help for battered wives and their frustration with legal

and social services, and recommendations for action to protect women from abusive husbands.

The references we used in writing the monograph are provided at the end of each section. Readers will note that some references are followed by an ED or EJ number. This means that abstracts of ERIC microfiche documents (ED numbers) may be found in Resources in Education (RIE) or that annotations of ERIC journal atricles (EJ numbers) may be found in the Current Index to Journals in Education (CIJE). We urge you, our audience, to become familiar with the ERIC system, if you haven't already, as a treasurehouse of educational information and resources. We assure you that regular, brief reading of resumes of the monthly ERIC input in RIE and CIJE can make you an "instant expert" on any educational topic of interest to you. And we also encourage you to contribute your own expertise to the document base by sending materials to us for screening and evaluation. In this way you will not only learn from others but will also be able to share your own knowledge of a particular topic with your peers.

Writing this monograph was not easy. These are distressing conditions that arouse in many people feelings of disgust, disbelief, and sadness about their very existence. But we must address the issue of family violence openly and avoid any inclination to contribute to the aura of secrecy which has surrounded it for so long. For it is only by clearly recognizing a problem and enhancing our understanding of it that we are able to develop ways of resolving it. We hope that this monograph will contribute to that educative process for our readers.

LB and GRW

VIOLENCE IN THE FAMILY

Libby Benjamin and Garry R. Walz

The two sections of this monograph deal with child abuse and spouse abuse as separate issues. The authors discuss the factors that have contributed to these problems, including historical antecedents, attitudes, and practices, and identify the characteristics of abusive caretakers of children, violent spouses/partners, and abused or neglected children. Sample intervention and treatment strategies are described, as well as broad components that should be part of any effective preventive or treatment program. Each section includes recommendations for future action that have the potential to ameliorate and/or prevent abuse of children and spouses and help them to lead less fearful lives under more positive conditions. References are provided at the end of each section.

CHILD ABUSE
(Part I)

INTRODUCTION

It is with horror and repugnance that we read or hear about children being abused, but it is a cultural disgrace that we must recognize and deal with. Child abuse is not a new phenomenon; only in the last 20 years, however, has it burrowed deeply into the public consciousness. The current focus on child abuse has occurred partly as a result of the postwar baby boom, expanded child welfare services, improved medical techniques such as the X-ray, and legislation regarding mandatory reporting of suspected cases. Today child abuse is one of America's most serious social problems--and one not restricted to physical abuse only. Many experts feel that the term should be expanded to include neglect, sexual molestation, and emotional and psychological maltreatment of children; for while physical injuries may be readily treatable, it is the long-term, cumulative effects of more subtle kinds of abuse on the child's attitudes and behavioral patterns that are probably even more damaging.

Few social problems cause as much confusion as child abuse. In the first place, the terms child abuse and child neglect are elastic concepts that differ according to

who is doing the interpreting, which makes diagnosis very difficult. The subsequent reporting of suspected cases filters through several individuals or agencies who are required to verify that the condition truly exists. Intervention is then usually after-the-fact, when significant damage may already have been done. Because of all of these factors, professionals are increasingly devoting attention to primary prevention strategies, which provide help and support at a stage when prevention might be possible--preferably at the time a child is born.

Child abuse affects thousands of children from all social strata. Through expanded research efforts, we are learning more about the general factors involved in the problem--its causes, diagnosis, and treatment, and ways of intervening early enough to make a difference in its incidence. We are learning that child abuse is not strictly a family problem but a concern and responsibility of the entire community--social services workers, medical personnel, educators, law enforcement officials, and other dedicated individuals in the child's environment. We are learning that while poor economic conditions do contribute to the problem, what is important is how people lead their lives, how they have been treated as children by their families, what they have learned in the process of growing up about relationships with others. Finally, we are learning that we all have a responsibility to the children in our community and nation, that if we are to reduce the occurrence of child abuse and work to effect positive change in the childhood experiences of future generations of adults, then our involvement in the process is not only desirable but necessary.

THE PROBLEM OF DEFINITION

We know less than we should about the incidence of child abuse, what causes it, and how to predict, prevent and treat it. Our difficulties result, in part, from our inability to define child abuse. For if we do not have a clear understanding of the range of behaviors considered to be abusive, then we have no yardstick by which to measure when it occurs, how to prevent its occurring, or how to design programs of treatment.

A number of authors in recent years have viewed child abuse from several perspectives, ranging from a very narrow definition emphasizing serious physical injury to a very broad definition encompassing any maltreatment that threatens a child's health or welfare. Among this variety of descriptions of child abuse are the following:

> Any willful or grossly careless act on the part of parents or designated caretaker which resulted in overt physical injury to the child in question. (Morse, Sahler, & Friedman, 1970)
>
> Non-accidental physical attack or physical injury, including minimal as well as fatal injury, inflicted upon children by persons caring for them. (Gil, cited in Kemp & Helfer, 1968)
>
> Physical injury to the child, willfully inflicted. (Spinetta & Rigler, 1972)
>
> Child abuse can be defined formally as a situation in which a child is suffering from serious physical injury inflicted upon him by other than accidental means; is suffering by reason of neglect, malnutrition, or sexual abuse; is going without necessary and basic care; or is growing up under conditions which threaten his physical and emotional survival. (Light, 1973)
>
> A syndrome with or without inflicted injury, in which a child's survival is threatened in his home. (Newberger et al., 1973)
>
> Any act of commission or omission by individuals, institutions, or society as a whole, and any condition resulting from such acts or inaction, which deprive children of equal rights and liberties and/or interfere with their optimal development. (Gil, 1973b)

Of the above definitions, the first three deal with direct physical abuse or injury; the fourth includes neglect and psychological considerations; the fifth

emphasizes abuse or neglect in the home; and the last speaks broadly to the rights of children, going far beyond the individual child to institutions responsible for children and even to society as a whole.

Alvy (1975) subscribes to this last broad view of child abuse, stating that the actions and attitudes toward children that society considers to be abusive not only are critical to the kind of legal and social interventions it will undertake to eradicate the problem but also reflect society's values about children. This author describes two major approaches to defining and analyzing the problem: "(a) the comprehensive approach, which defines child abuse as being collective, institutional, and individual in nature; and (b) the narrow approach, which considers only individual abuse (p. 921).

Collective abuse in this comprehensive definition refers to societal attitudes of racial and social class discrimination as evidenced in economically impoverished neighborhoods nationwide that impede the healthy development of children, as well as adult attitudes of supremacy that deny children certain rights and condone the use of physical force as a means of disciplining and controlling children. Institutional abuse refers to child-damaging acts or attitudes--including neglect, the use of physical force, and psychologically damaging attitudes of noncaring and rejection--perpetrated by institutions with responsibilities for children such as schools, courts, welfare homes and agencies, and correctional facilities. Gil (1975) had earlier identified similar levels of manifestation of child abuse--in the home, in institutions, and as a direct result of inadequate social policies (see Gil's definition of abuse in the foregoing list)--at hearings on the Child Abuse Prevention Act in 1973.

Because attempts to change inherent values, behaviors, attitudes, and social policies require such a vast reweaving of the very fabric of our culture, and because the need for prevention and treatment is so pressing, typical definitions of child abuse focus on the individual level, i.e., on the abused child. The process of sorting out the myriad meanings given to the term child abuse was begun, or at least furthered, with the publication of an Interdisciplinary Glossary on Child Abuse and Neglect (National Center on Child Abuse and Neglect, 1978). In this volume child abuse is distinguished from child neglect on the basis of harmful caretaker behaviors: acts of commission (abuse) versus acts of omission (neglect) which threaten the child. Using these two concepts as a basis, Kinard (1979) identifies four major categories of abuse:

1. Physical abuse--deliberately inflicted physical injuries.

2. Physical neglect--inadequate food, clothing, shelter, or supervision.

3. Emotional abuse--psychological injury caused by hostility, rejection, verbal criticism, harassment, or unrealistic expectations on the part of the caretaker.

4. Emotional neglect--emotional deprivation, lack of emotional involvement between parent and child. (p. 83)

Kinard then suggests that sexual abuse, because it incoporates such a multitude of behaviors and variations in act, intent, and harm, should be differentiated from other kinds of physical abuse and considered as a fifth category in this schema.

The Federal Child Abuse Prevention and Treatment Act (Public Law 93-247) of 1974 provides the following definition of child abuse and neglect:

> Sec. 3. For purposes of this Act the term "child abuse and neglect" means the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary of Health, Education and Welfare.

The fact that sexual abuse of children encompasses such a wide range of behaviors "from fondling and exhibitionism to forcible rape and commerical exploitation for purposes of prostitution or the production of pornographic materials" (Roth, 1978, p. 1), caused a recent amendment to this Act that defines sexual abuse more broadly. As amended, the term "sexual abuse" includes:

> The obscene or pornographic photographing, filming or depiction of children for commercial purposes. or the rape, molestation, incest, prostitution or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened thereby. (Congressional Record, 1978, p. H2647)

Looking at the other side of the problem of definition, Gelles (1973) surveyed medical, social services, and educational personnel to ascertain their level of agreement on what constituted abuse. While noting 80% agreement on what might be termed clearcut cases of abuse (acts involving direct harm or intent to injure), this researcher found no agreement on what conditions were not abusive: "the more ambiguous the nature of the injury, the greater the indecision" (cited in Starr, 1979,

p. 872). From this discussion, we can see that defining and labeling caretaker actions as abusive or neglectful is easy when the evidence is gross, but that judgment becomes much more clouded and subjective when the evidence is ambiguous.

Reaching consensus on the issue of definition is a knotty problem, but one that must be resolved. Having a widely accepted definition of child abuse and neglect raises highly controversial issues but is extremely important because it allows us to identify situations in which society should and must intervene, even against parents' wishes, to protect a child's health or welfare. Knowing the parameters of what constitutes child abuse and neglect will enable us to detect it early, work toward preventing it, and collect the necessary data to design the most effective interventions for treating the abused and the abusers.

HISTORICAL ANTECEDENTS AND CURRENT LEGISLATION

One can find accounts of cruelty to children throughout recorded history. Over the years children have been killed, "bought and sold, tortured, exhibited and exploited" (Community Health Service, 1977, p. 1) in virtually all societies. As DeMause (1975) states, "the human track record of child raising is bloody, dirty, and mean" (p. 85). Perhaps the most profound influence on early childrearing practices was the teachings of the Old Testament. For example, Deuteronomy 21:18-21 admonishes that a father should kill his wicked son. The book of Proverbs instructs parents in the following ways:

> He that spareth the rod hateth his son; but he that loveth him chasteneth him betimes. (13:24)
>
> Chasten thy son while there is hope, and let not thy soul spare from his crying. (19:18)
>
> Withhold not correction from the child; for if thou beatest him with the rod, he shall not die. (23:13)
>
> Thou shalt beat him with the rod, and shalt deliver his soul from hell. (23:14)

Greek and Roman philosophers of the classical period, reflecting contemporary thought, maintained that defective children should be done away with and that children and slaves were property, that "the justice of a master or a father is a different thing from that of a citizen, for a son or slave is property, and there can be no injustice to one's own property" (Aristotle, as quoted by Russell, 1975, p. 174).

In the seventeenth century the King of France began flogging his child at age two so that he would become a better man (Lowie, 1929). The French Protestant reformer, John Calvin, preached that it was a God-given duty to break the will of infants as early as possible.

Colonial settlers carried such strict religious attitudes with them to this country and adopted severe and stringent measures for governing children. In 1646 the Massachusetts legislature imposed the death penalty on belligerent children; legislation followed soon after by Connecticut courts. It was not until the last half of the nineteenth century that the American public became alerted to the idea of

setting some restraints on parents' dominion over their children. The catalyst for public furor was the discovery some time in the mid-1800's (authors disagree as to the exact date) in New York City by a church worker of a 10-year-old girl who was chained to a bed and beaten regularly by her foster mother. Finding no assistance or response from protective agencies and no legislation by which to punish or forbid such activity, the church worker was finally able to remove the child from her parents through the efforts of the Society for the Prevention of Cruelty to Animals! The claim was made that because the child was a member of the animal kingdom, she was entitled to "at least the same justice as a common cur" (Bremmer, 1971). One year later, in 1871, the New York Society for the Prevention of Cruelty to Children was organized.

Child labor laws passed in the late 1800's released children from laboring up to 16 hours a day in mines, mills, factories, and sweat shops under shocking conditions. Gradually states began to recognize their rights and duties in cases of parental abuse or neglect and to expand their interests in the welfare of children, not simply for moral reasons but for economic ones as well: the cost of custodial care was enormous.

In 1909 the first White House Conference on Children was held, followed by the formation of a national Children's Bureau, an organization charged with the task of studying and developing programs that would benefit children. Recognition that child abuse was a serious problem dawned in the mid 1940's with the publication of articles in medical journals, but it was not until 1962 that Dr. C. Henry Kempe and his colleagues from the University of Colorado's School of Medicine coined the term, "battered child syndrome." In a seminar sponsored that same year by the American Academy of Pediatrics, the problem of physical abuse of children was openly discussed and identified as a clinical syndrome with a set of symptoms that made it a childhood disease in its own right. Ultimately, this revelation led to legislation mandating the reporting of abuse in all of the United States.

In 1974 a National Center on Child Abuse was created to implement the directives of the most important legislation ever passed regarding child abuse: the Child Abuse Prevention and Treatment Act, now known as Public Law 93-247. This law was passed by Congress mainly because of the increased visibility of child abuse, reinforced by data confirming the deplorable conditions of many helpless children.

Since the 1960's, all states have passed laws to protect children whose caretakers mistreat them or fail to provide them with adequate care. Legislation differs from state to state, but most state laws concern the definition of abuse (and in some cases, neglect), reportable ages, persons mandated to report, penalties for failure to report, immunities for reporters, investigation of reports, type of report, when reports must be made, confidentiality of reports, and provisions for temporary protective custody. Although each state's laws vary greatly from those of the others in the definition of abuse and the circumstances requiring a person to report, one can discern two major directions in which legislation is moving: (a) broadening the categories of those who are mandated to report, and (b) providing statutory penalties for failure to report (Bennett, 1976).

At the present time one can hardly pick up a newspaper or magazine or watch television without encountering some sordid story of child maltreatment or neglect. Such heightened public awareness has resulted in the creation of regional child abuse and neglect resource centers serving the entire United States, as well as many experimental programs designed to prevent child abuse and treat abused children and their parents in a family framework. We have surely come a long way since the time when children were considered to be chattels of their parents, but we still have far to go to insure the safety and well-being of all of society's children.

INCIDENCE OF CHILD ABUSE AND NEGLECT

Studies of the extent of child maltreatment utilize data drawn from official reports from each state. However, these statistics may not be provided by all states or by all regions within the states which do report. Research efforts may also fail because of ambiguity in definition, since descriptions of what constitutes child abuse and neglect differ from state to state. Because child abuse and neglect usually occur in the privacy of the home, all professionals acknowledge that only a fraction of actual abuse and neglect incidents come to the attention of authorities. This is particularly true of upper and middle class families in which the heritage of violence may not be as profound as in families beset by the pressures of poverty, poor housing conditions, inadequate physical and mental care, stressed marital relationships, and other negative forces. In addition, abuse may masquerade as accident especially in the very young, and parents may consult a number of different physicians for injured or nonthriving children, which makes detections of patterns of abuse extremely difficult.

Thus, it is impossible to determine the exact number of children nation-wide who are maltreated. In a survey of a random sample of families on the incidence of violence between family members, Gelles (1978) found that approximately 3.5% of parents admitted that during the past year they had acted in such a manner toward one of their children that the violence could have caused injury. Projecting these figures on a national basis, Gelles suggests that between 1.4 and 1.9 million children are subjected to violence that could cause injury. One should treat these data with caution, however, since the survey depended on self-admission, the sample included only intact families, and the children were limited to those between the ages of 3 and 17. Gelles considers his estimate to be a base-line figure, and states in his report that "if all children were included, it would be much higher" (p. 1). In fact, as another obstacle to the study of abuse of the very young, the highest incidence has been asserted to occur in children under the age of 3 years, which prohibits researchers from obtaining information from the child him/herself (Fontana, 1963).

Gray and colleagues (1979) state that 300,000 cases of child abuse are now being reported each year, and that the figure approaches one million if one includes

cases of neglect. About 60,000 children have significant injuries; about 2,000 die and about 6,000 have permanent brain damage (Kempe, 1976).

> Nationally, the number of official reports of child abuse and neglect continues to climb annually, reflecting a 24 percent increase between 1976 and 1977 and a 19 percent increase between 1977 and 1978. It is likely that these reported increases are due largely to more comprehensive reporting coverage, and not simply to dramatic increases in the actual incidence of child maltreatment. (Pennsylvania Department of Public Welfare, 1980, p. 9)

Another national study revealed that 1.8 million children were receiving public services as of March, 1977 and that abuse and neglect were the primary reasons that almost 250,000 of these children were needful of professional assistance. Neglect was highest on the list of the eight most frequently cited reasons, followed by abuse (Shyne & Schroeder, 1978).

The National Center on Child Abuse and Neglect estimates that approximately one million children are maltreated by their parents each year; of these 100,000 to 200,000 are physically abused, 60,000 to 100,000 are sexually abused, and the remainder are neglected. And each year more than 2,000 children die in circumstances suggestive of child abuse or neglect (Barnett et al., 1980).

ADOLESCENT ABUSE

Statistics of adolescent abuse compiled by the American Humane Association Clearinghouse reveal that adolescents between 12 and 17 years of age represent 27.3% of all validated reports; and if one includes victims aged 10 and 11, that proportion rises to 37.6%. The majority of these adolescents are subjected to neglect (60%); about one third are victims of abuse.

Documenting the actual incidence of adolescent abuse and neglect raises critical problems for researchers. One major problem resides in societal attitudes, for we tend to accept overly strict or abusive parental behavior toward adolescents much more readily than that toward younger children. Another difficulty is that teachers and other adults who have the greatest opportunity to observe adolescents during their waking hours rarely have the training to recognize the signs of abuse and neglect. It is thought, too, that adolescents are more able to care for themselves—to run away, fight back, or tell on their parents--which may not be as true as supposed

because of the subtler issues of guilt, family protectiveness, and submissiveness felt by the victims.

SEXUAL ABUSE

The same difficulties found in attempts to document the number of incidents of child abuse and neglect loom even larger in the area of sexual abuse. The true extent of sexual abuse is unknown because again we must rely on officially reported cases. The National Center on Child Abuse and Neglect estimates that every year between 60,000 and 100,000 children are subjected to some form of sexual abuse. Only recently have pornographic exploitation and child prostitution become the subject of official investigation, and it is well known that child pornography is a multimillion-dollar business (U.S. Senate, 1977).

Why is sexual abuse not reported? Some reasons may be family reluctance to report, child reluctance to report to their parents or other adults, fear of social censure, shame, unwillingness to question children on what is considered an embarrassing issue, fear of reprisal on the part of children instilled in them by the perpetrator, or even feelings of guilt over any enjoyment they may have felt from the experience (Roth, 1978). Landis (1956) found in a survey of 1,800 college students of both sexes that almost one third reported that they had been subjected to some form of sexual abuse as children, and that only half of the females and one tenth of the males told their parents.

The National Center for Child Abuse and Neglect has repeatedly stressed that the reported cases of child abuse and neglect in all forms represent only the tip of the iceberg. In addressing the problem of whether or not our nation has a serious problem of child abuse, Zigler (1976) stated:

> There is no question that we do have a national problem of child abuse...Certainly one can point to other negative events experienced by children such as falls, which occur more frequently than does child abuse. Thus speaking relatively, one can argue that child abuse is not as large a problem as are childhood accidents.
>
> It is my view that such a relative approach to designation of social problems has serious dangers...the comparative approach would lead to total inaction...I therefore support the absolute approach to the problem...and argue that whether there are one-thousand or one-million abused children, child abuse constitutes a real social problem that merits our society's concern and intervention. (p. 1)

FACTORS THAT CONTRIBUTE TO CHILD ABUSE AND NEGLECT

Explanations of the causes of child abuse appear to emanate from two major theoretical formulations: (a) internal or psychodynamic factors, such as personality defects or intrapsychic conflicts within caretakers of children, or attitudes of caretakers toward the use of force as a disciplinary agent; and (b) external or social, cultural, and economic environmental factors such as financial stress, poor or overcrowded conditions in the home, and social isolation. Individual behavior is shaped by the totality of a person's life experiences and, because it is "rooted in a societal force field" (Gil, 1975, p. 349), includes both societal and psychological elements.

> Based on this reasoning, child abuse, at any level of manifestation, may be understood as acts or inactions of individuals, on their own or as institutional agents, whose behavior reflects societal forces mediated through their unique personalities. (p. 350)

Dr. David Gil, Professor of Social Policy at Brandeis University in Waltham, Massachusetts, identifies perhaps the broadest and most comprehensive causal dimensions of child abuse to be found in the literature, stressing both societal and intrapersonal factors. According to this experienced authority, causation can be categorized on five levels:

1. Society's philosophy and value premises, which shape its institutions, its attitudes toward human beings, and the resultant quality of human interactions that prevails.

2. Society's view of children, including its definition of their rights, demands for obedience and conformity, commitment to individual self-actualization, and attitudes about the equality of children regardless of social or economic background.

3. Society's attitude toward the use of force for maintaining authority and discipline in adult-child relationships, both in institutions and within the family structure (which, when sanctioned, is bound to result in physical abuse or injury).

4. "Triggering contexts," usually caused by stress or frustration, which lessen self-control and facilitate abuse attacks on children, such as poverty, unemployment, overcrowded homes and neighborhoods, large families, one parent households, absence of child care facilities, and competitive human relations in the work setting.

5. Intrapsychic disturbances or personal defects in caretakers of children, forces that interact with the environment and, in a society which even slightly encourages physical force as a means of resolving conflicts or punishing, find expression through violence in primary family relationships. (pp. 349-354)

Alvy (1975) strongly supports Gil's assertion that child abuse is a "multi-dimensional phenomenon" (p. 924) resulting from a complex set of interactions among several causal dimensions. This author goes on to say the following:

> The factor that influences all instances of physical abuse, and upon which all other contributory factors are superimposed, appears to be a general, culturally-determined permissive attitude toward the use of physical force in caretaker-child interactions. (p. 924)

Studies of the writings of these authors and other experts in the field substantiate the concept that physical punishment is a cultural deviation built into our society.

Much of the literature supports the idea that abusers come from the population of persons who have been abused as children and who, because they have learned whatever they might know about parenting from poor models, engage in the only behaviors they have experienced, considering them to be "normal" approaches to child rearing. The theory of social aggression states that "parents who punish severely produce children who are more aggressive, and they in turn tend to punish their children more severely" (Hildreth, 1976, p. 5). This theory is documented in a study by Holmes and others (1975) which revealed that the abused child often becomes the abusing parent.

Most investigators seem to agree that stress is a major cause of child abuse, that the family is especially vulnerable to stress for a number of reasons, and that the kinds of stress experienced by the family differ for different social classes. Lower class families are subject to the extreme stresses of unemployment, poor or crowded housing conditions and neighborhoods, lack of or little education, ill health, inadequate support services. Stresses on middle and upper class families may stem from competitive career pressures, absence of one or both employed parents, changes in residence occasioned by career moves, strong desires that the children "do well" and maintain family pride and dignity. And all human beings, regardless of class, sex, race, or religion are susceptible to the stresses of marital unrest; disruption in family patterns occasioned by divorce, illness, stepchildren, death, or birth; excessive reliance on drugs or alcohol; disturbing intrafamily relationships; problems

with neighbors or friends; and social or geographic isolation. Recently, the rightful and equal role of women has become a prime target of discussion in the media; increased attention to this issue is causing much stress for females as they tackle the problems of single parenthood, practical division of labor between spouses, and conflict between the work role and the mothering role.

In relation to stress as a causative agent in child abuse, Spinetta and Rigler (1972) point out that many abusing parents allow "aggressive impulses to be expressed too freely. During times of additional stress and tension, the impulses express themselves on the helpless child" (p. 301).

Most people seem able to cope with a single stressful event, but it is when pressures and stresses come in droves and "pile on" individuals that they lose their ability to manage with equanimity. Although we are only beginning to gather reliable data on the relationship between family stress and child abuse, the evidence seems clear that stress is a triggering factor in violent behavior among family members.

Another factor that has been shown to contribute to child abuse is the behavior of the abused child. Handicapped children, or children who behave in atypical ways, seem to invite abuse more than "normal" children. In some cases only one of a number of siblings within a family will become the target of physical or emotional abuse; in other families all of the children are abused or neglected. In addition, environmental chance factors can "transform an otherwise ordinary disciplinary encounter into a tragic event" (Alvy, 1975, p. 924), and spouse abuse can readily transfer to the children in a family experiencing disturbing intrarelationships.

A certain measure of physical force as an educational and socializing technique has found acceptance in our culture. However, as pointed out earlier, no clearcut criteria exist as to when punitive measures become so excessive as to be considered abuse. Differences seem to exist among various social sub-groups in the practice of violence toward children. Gil (1970) found that families of low socioeconomic and educational status, as well as certain ethnic groups, tend to use corporal punishment more than do middle class families, probably because of the greater degree of stress and negative forces impinging upon their lives. Again, however, child abuse cannot be attributed solely to the abuser's level of income, place of residence, use of alcohol or drugs, type of family (single-parent, two-parent, foster parent), or to

ethnic/cultural or religious affiliation. Abusers cross the boundaries of all of these descriptors.

The report of the Pennsylvania State Department of Public Welfare (1980), stating that there are no easy answers to the question of why child abuse, suggests that it is most likely to occur when:

1. An adult has the potential to abuse.
2. He/she views the child as "special" or different.
3. There is a crisis or series of crises. (p. 10)

The problem is so complex and results from such a variety of factors, compounded by the myriad ways in which all of these factors may interact and influence one another, that no single theory provides a satisfactory explanation of cause. We need to consider the evidence accumulated by researchers of both internal and external (societally caused) factors and integrate that knowledge with everything else we know about child growth and development to come to a deeper understanding of how and why abuse occurs. Only then can we attack the problem at its roots and thereby improve the quality of life for all of our children.

CHARACTERISTICS OF ABUSERS

Current knowledge of the characteristics of abusers or of parents who are likely to abuse their children is too imprecise to allow theorists or practitioners to establish a clear profile of the abusing parent. On the basis of studies from the fields of psychology, social work, education and health, and drawing on years of clinical experience, however, several researchers appear to agree on certain behaviors and attitudes common to abusive parents. Although these indicators are grouped differently according to each writer's perspective, examined as a whole they allow us to gain some ideas about what causes parents to act violently toward or to neglect their children.

Boisvert (1972) classifies abusing parents according to personality type: (a) the psychotic personality, unpredictable and uncontrollable, which accounts for about 10% of battering parents; (b) the inadequate personality, irresponsible, impulsive, unable to tolerate stress or frustration; (c) the passive-aggressive personality, hostile to demands or expectations of others; (d) the sadistic personality, gaining pleasure from inflicting harm on humans or animals; and (e) the controllable abuser, whose actions are probably the result of displaced aggression (cited in Van Stolk, 1974).

Caskey and Richardson (1975) have brought together ideas gleaned from a number of studies in their discussion of ways schools can intervene in cases of child abuse. According to many researchers (referenced in Caskey & Richardson), few abusing parents are thought to be psychotic. Rather, they are generally lonely and isolated people, unable to establish warm human relationships, absorbed in themselves and their own problems, incapable of giving to others. Many feel worthless and unloved; most have themselves been abused as children, either physically or emotionally or both. Born into such an environment, they have not learned tenderness or caring or developed a positive sense of self-esteem. Lacking confidence in interpersonal relationships, they feel it is unrewarding to look to others in the family for the love and nurturance they so desperately need and want. Abusing parents have unrealistic expectations for their children's behavior and demand more than a child is able to do or even to understand. Because their own needs were unmet as children, they are likely to disregard or ignore the needs of their own children.

The foregoing discussion would seem to require that professionals in educational and social work settings who suspect that a parent may be abusive or who attempt to help abusing parents would need in-depth understanding of that individual's background and personality characteristics before they could come to a true determination regarding his or her capacity to abuse. Perhaps of more use to practitioners and school personnel not as knowledgeable or skilled in this area, and with less time to spend with parents, are terms descriptive of the actual behaviors of persons who have the potential to abuse or who are acting violently toward their children. Kline (1977) provides an extensive list of indicators of the potential for adult abuse of children, which can be summarized as follows:

1. Expressing fear and/or showing evidence of losing control.
2. Showing detachment from the child.
3. Giving evidence that he or she is misusing drugs or alcohol.
4. Stating that a child is "injury prone" or has repeated injuries.
5. Complaining that he or she has no one to "bail" him or her out when "up tight" with the child.
6. Being reluctant to give information.
7. Appearing to be psychotic or psychopathic.
8. Stating that he or she has been reared in a "motherless" environment.
9. Having unrealistic expectations of the child.
10. Having an inappropriate awareness or concern for the child's academic success and social relationships with other children or adults.
11. Exhibiting behaviors that indicate minimal intellectual equipment for dealing with the child.
12. Being generally irrational in manner regarding the child's failures.
13. Appearing to be cruel, sadistic, or lacking in remorse when talking about injuries the child has sustained. (p. 23)

The Community Health Service of Bethesda, Maryland (1977) reiterates much of what Kline has presented, grouping the signs of abuse in six different categories, summarized below:

1. Current behavior in relation to the child's condition, including inappropriate affect, inadequate or conflicting history of the injury, and failure to seek medical care promptly.

2. Observation of interaction with the child, including inappropriate demands and expectations of a child; unreasonable and inappropriate discipline; and angry, impulsive behavior.

3. Current living situation, including stress, isolation, and inadequate support.

4. Care of other children, with other children in poor physical condition, doing poorly in school, with a history of having been removed from the home, sustaining many accidents, and previous suspicion of abuse.

5. Childhood history of caregiver, including inconsistent nurturing, neglect or abuse, excessive discipline.

6. Relationships with other agencies in the community, with a history of impulsive and immature behavior. (pp. 5-6)

The above document stresses the fact that a mother who repeatedly brings a well baby to the attention of medical personnel is actually making a cry for help, and that such behavior is a warning sign that should be taken very seriously.

No two abusive caretakers of children possess identical characteristics, but as a group they share similar attitudes and behaviors that can result in harm to children. Being aware of the symptoms that signal the potential for abuse can help all those who have the opportunity to work with parents to detect the problem early, before a child is seriously damaged physically or emotionally. Awareness should then lead to action, to referrals to skilled professionals and to treatment programs that can assist unhappy and disturbed parents to learn new and more appropriate ways of managing their children.

IDENTIFICATION OF ABUSED/NEGLECTED CHILDREN

Early detection of abuse and neglect is extremely important for two reasons: (a) existing injuries or neglectful conditions can be corrected, and (b) arrangements can be made to protect children from further maltreatment. Thus, those who are engaged in the delivery of services to children should know the signs and symptoms of child abuse and neglect. For infants and preschool children, these professionals will probably be medical personnel and social workers. But every person, regardless of educational background—neighbors, family, or friends—has the responsibility of reporting to authorities when there is even suspicion that a very young child is being physically harmed or neglected. For children of school age, the persons most important with respect to identification of abused children are teachers and counselors. Teachers of elementary school children are normally responsible for one group of children most of the day for most of the year. In this role they are able to observe children's ways of communicating, interactions with peers and adults, behavior patterns and idiosyncracies, learning problems, and sudden or gradual changes in attitude or behavior. To what signs, then, should teachers be alert in order to identify an abused or neglected child? Are abused or neglected children different from those who receive adequate or proper care? Do abused or neglected children transmit special messages? Do they exhibit particular patterns of behavior that would help teachers recognize signs of abuse or neglect?

Unfortunately, we cannot measure abuse by some kind of thermometer or laboratory test, and no clearcut answers exist to the questions listed above. Identification rests with those in a position to observe and requires initially that they recognize that parents can and do hurt or neglect their children. This realization can be shocking and is likely even to be disbelieved, but it is the first step on the road to assistance for helpless children.

Physical abuse is usually defined as nonaccidental injury, which includes "broken bones, single and compound fractures, concussions and skull fractures, internal injuries, bruises, multiple welts, swelling, split lips, blackened eyes, lost teeth and burns" (Van Stolk, 1974, p. 259). Certain kinds of injuries are suspect. Children usually hurt their knees, shins, elbows or chin when they fall; in contrast, inflicted

injuries usually occur on the soft body parts such as the cheeks, back of the legs, buttocks, or on the head in general. Also, injuries found on more than one body surface, such as both ears or both legs, or unusually shaped injuries that suggest whipping or deliberate burns, are cause for concern. When asked about the cause of an injury, children are likely to give a false explanation to protect the parents or because of fear of retaliation at home. Whenever an injury is inconsistent with the explanation for it, nonaccidental injury must be considered.

Kline (1977) has done some of the most definitive work in this area of behavioral indicators of abuse in children, and much of the information presented in this section is taken from his comprehensive article on the subject. He describes some of the more common indicators of nonaccidental injuries in the following way:

1. Evidence of repeated injury--signs of new injuries are evident before old injuries are healed.

2. Frequent complaints of abdominal pain.

3. Evidence of bruises, especially bruises of different ages; welts; wounds, cuts, or punctures; scalding liquid burns, especially those with well-defined parameters; caustic burns; frostbite; and burns, especially apparent cigarette burns on the back of the neck, head or extremities. (p. 18)

Delays in physical development and "deficits in physical growth, neurological status, intellectual functioning, and speech or language ability" (Kinard, 1979, p. 84) are also noticeable consequences of physical abuse and have been widely documented in the literature on the subject. "Non-organic failure to thrive" is the term used to describe children who fail to develop normally for no organic reason, and suggests either physical abuse or nutritional or emotional deprivation. Children actually stop growing because of how they are treated.

Sexual abuse is certainly one form of physical abuse, but the signs are more subtle and more difficult to detect. Listed below is a condensation of Kline's descripton of behavioral indicators in children that point to possible sexual molestation:

1. Reluctance to participate in physical activities--sexually abused children may find it painful to sit or to play actively.

2. Indirect allusion to a distressful home situation communicated to a sympathetic adult that indicates fear or unwillingness to live at home.

3. Regression to fantasy or to infantile behaviors.

4. Aggression and/or delinquency toward people and property.

5. Status offenses, such as running away from home.

6. Poor peer relationships, isolation that may occur as a result of guilt or emotional problems.

7. Seductive behaviors, learned as reinforcement for attention.

8. Drug use/abuse, as a way of handling guilt or anxiety. (p. 21)

Children who are victims of neglect are often inappropriately dressed for the weather; wear torn or dirty clothing; fail to bring lunch or seem always hungry; are unbathed, with offensive body odor; show obvious signs of lack of medical or dental care, such as severe coughs, decaying or broken teeth, or need for glasses; are frequently absent or tardy; may arrive early and stay late at school because of fear or lack of desire to go home; or act listless, chronically tired, cranky, apathetic, or unhappy.

All children have their "days" when they are out of sorts with the environment, when they act differently from usual because of temporary problems. Kline suggests that it is "when a child displays unusual and rapid changes in behavior" (p. 23) that teachers and counselors should consider the possibility of abuse, neglect, and/or sexual molestation. He describes these sudden behavioral changes to which educational personnel should be alert as follows:

1. Unusually aggressive, disruptive, or destructive behavior.

2. Unusually shy, withdrawn or passive behavior or overly compliant behavior.

3. Unusual apprehension and an atypical curiosity when other children cry.

4. Unusual apprehension when adults approach a crying child.

5. Consistent alertness for danger.

6. Frequent and severe mood changes. (p. 23)

Since the work of Kline and others in this field, the Federal Government has created Federal Standards for Child Abuse and Neglect Prevention and Treatment Programs and Projects (U.S. Department of Health, Education, and Welfare, 1978) which chart indicators of abuse and neglect in terms of a child's appearance and behavior. Standards long needed, these indicators alert professionals to the possibility of abuse and increase public and professional awareness of what to look for when child maltreatment is suspected.

It can be seen from this discussion that recognition of the signs of abuse or neglect is critical to the health and welfare of children, but that it requires close attention to the psychological and physical state of the child, careful study, and the use of as many behavioral indicators as possible. To consider the possibility of abuse or neglect is usually foreign to the thinking of teachers and counselors, but, because their role places them in the forefront when it comes to identification, they must take responsibility for reporting suspected cases to the proper authorities. Only by such action can appropriate measures be taken in time to control the problem and protect the lives of children.

PSYCHOLOGICAL/EMOTIONAL CONSEQUENCES OF MALTREATMENT

Just as physical abuse or neglect of children produces observable physical symptoms, so it also has psychological and emotional effects; but these signs are far more obscure, particularly when they take the form of socially acceptable behavior such as complaisance or docility. Nine studies conducted during the past decade have focused on the emotional development of abused children, and the reader is referred to Kinard's two journal articles (1979, 1980) for in-depth descriptions and a matrix of the research results. Despite methodological differences, small sample sizes, variations in the definition of abuse, and lack of control groups in some instances, the investigations were remarkably consistent in the findings that abused children reveal significant deficits in their emotional development. The evidence indicates that abused and neglected children have serious problems in regard to self-concept, ability to handle aggressive impulses, relationships with peers and adults, and the capacity to trust others.

SELF-CONCEPT

Research on the relationship of positive self-concept to an individual's healthy growth and development clearly substantiates the fact that an individual's perception of self-worth permeates every facet of his or her life. In order to establish a positive self-concept, a child must have a "clear and definite idea of himself, that he is a distinct individual, important because he is a person" (Smart & Smart, 1975, p. 235). The way in which children's caretakers treat them as infants begins the long process of self-concept development, as children internalize ideas about themselves communicated to them by persons in their environment. Conditions leading to a strong sense of self-worth are "acceptance of the child, well-defined limits and values, and respect for the child's decison making within those limits" (p. 234), conditions often lacking in the families of abused children.

Six of the studies cited by Kinard examined self-concept, and all revealed that abused children tend to exhibit a general air of depression, uphappiness, and sadness. In truth, parents who subject their children to physical abuse or emotional deprivation, i.e., who reject, overly criticize, or evince out-and-out dislike for them,

are teaching them to reject themselves. As they experience maltreatment, they perceive themselves as worthless or unlovable, and may never learn to give love because they have had unloving parents as models. Hildreth and others (1976) state that the less affection and warmth children receive the poorer their personality development, the slower they are to mature, and the less likely they are to develop strength of character.

AGGRESSION

Abused children exhibit an unusual degree of hostility toward peers, parents, and the world in general. Several studies have demonstrated that parental use of physical punishment as a controlling measure actually increases the aggressive tendencies of their children—that violence begets violence. All of the nine studies revealed that abused children showed more overt and fantasized aggression than nonabused children. Both abused and neglected children were more aggressive than the control groups, and the abused were more aggressive than the neglected. Rather than being expressed directly to the punishing agent, however, and probably out of fear of reprisal, the aggressive behavior was often displaced toward peers or siblings. Aggressive behavior can also be directed toward the self. Many abused children are suicidal, self-punishing and self-critical, and/or even inflict injuries upon themselves.

RELATIONSHIPS WITH PEERS AND ADULTS

Inability to form warm relationships with others is another characteristic often found in children who have been abused. Such children are apt to act aggressively toward or to avoid their peers. They are inclined to see themselves as unpopular, as different from others, and thus are more likely to be excluded from social peer groups. Never having experienced a loving relationship with persons significant to their well-being, abused children have learned neither how to love nor how to be lovable.

Research on neglected children suggests that these children's responses may be categorized in one of two forms: "(1) apathy, passivity, withdrawal, and flat affect; or (2) hostility, anger, and aggression" (Kinard, 1979, p. 93), and that children who

are subject to neglect are far more apt to withdraw or become depressed than to act aggressively, as is the case with the abused child. It is as if they feel unimportant and worthless, expect little of positive value from their experiences, and are unable to cope with life's demands.

Because the caretaker model has mistreated them, abused or neglected children do not reach out to other human beings in ways that would bring positive responses from others. Therefore, their expectation that they are "different" or unlovable is highly reinforced, and the fear of failure were they to make subsequent attempts to form attachments causes them to abandon personal efforts and/or to reject the efforts of those who would offer them love and support.

CAPACITY TO TRUST

The cornerstone of warmly satisfying human relationships is belief in other people and the conviction that most of the human beings whom we will meet in life are trustworthy and dependable, deserving of our friendship or love. It goes without saying that such attitudes are born of our early experiences with significant others. If as children we are nurtured, if our needs are met, and if we are respected as individuals of worth and importance, we develop a core of strength that allows us to be vulnerable to others and to trust that they will behave in fairly predictable and supportive ways. If, on the other hand, our early treatment has been inconsistent, neglectful, or abusive, we are more likely to be afraid of human entanglements and to be suspicious in our communications with others. Kinard, in his dissertation on emotional development in abused children (1978), indicated that abused children seemed to have difficulty even in understanding what was meant by the concept of trust, and Green (1975) found in his study of treatment of abused children that the inability to trust others was a common problem.

Research into the psychological effects on children of sexual abuse is scanty and involves few subjects, but the emotional consequences appear to be very similar to those resulting from abuse in other forms: negative self-image, feelings of being exploited or used and therefore worthless, inability to trust others, aggressive behavior as an attempt to act out hostility, anger, or guilt. Roth (1978) describes a number of factors that appear to be critical in attempts to predict or determine the psychological effects of sexual abuse on a child. Among these are the following:

> The child's age and developmental status, the relationship of the abuser to the child, the amount of force or violence used by the abuser, the degree of shame or guilt evoked in the child for his or her participation, and, perhaps most importantly, the reactions of the child's parents and those professionals who become involved in the case...other things being equal, the psychological trauma to the child is greater when the perpetrator of the abuse is close to the child than when he is a stranger. (p. 8)

In regard to incest, Roth states that these same factors apply, but that the emotional damage may be more profound "if the sexual behavior between adult and child has persisted over a long period of time, if it has involved a series of progressively intimate incidents, or if the child is old enough to understand the cultural taboo of what has occurred" (p. 9).

Children who have been or are being sexually molested may exhibit behavioral disorders such as sleepwalking or eating or sleeping problems, or may regress to more childlike behaviors such as bed-wetting, thumbsucking, or being afraid of the dark. Much research needs to be done in the realm of emotional consequences of sexual abuse, but it does appear that in some cases sexual molestation has influenced the personality and behavior of the victim throughout life. Possible long-term effects include drug or alcohol abuse, self-mutilation, and severe difficulties in relating sexually to another person.

Psychological or emotional problems result from the interaction of several variables. Kinard (1979, 1980) cites the findings of a number of theorists regarding the importance of the age of the child at the time of abuse, the child's sex and birth order, and the size and socioeconomic status of the family, as well as the characteristics of the abusers, and the type, frequency, and severity of the abuse, as determinants in the impact of abuse on a child's emotional health.

Unfortunately, the only service given to many families in which abuse occurs is emergency medical treatment for physical injury of the child and the possible assignment of a social worker to the family. Authorities may not even assess the child's developmental history, and the social worker, because of an overwhelming case load, may be forced to focus on the immediate and overt problem of preventing subsequent nonaccidental injury. This preoccupation with the physical side of abuse may cause helping professionals to ignore the emotional damage occurring to abused and/or neglected children. The evidence is clear, however, that abuse and neglect have profound negative effects on the psychological development of some children,

and that attention must be given to these problems if we are to ameliorate them. It is distressing to learn that children themselves are often far more aware of their tragic situation than are those who provide services for them. In the words of a hard-to-place 8-year-old child at a London children's home, "Nobody bloody wants me."

PREVENTION OF CHILD MALTREATMENT

The causes of child abuse and neglect are myriad and complex, and our concern with the problem is relatively recent. In spite of these factors, however, multidisciplinary research has made possible earlier diagnosis and has provided a theoretical rationale for the development of treatment programs. The ultimate goal, of course, is prevention of child abuse, which takes two forms: primary prevention, which attempts to attack the causes of the problem; and secondary prevention, which involves efforts to prevent abuse from recurring once it has been identified. Effective strategies for preventing child maltreatment therefore exist on two levels--ongoing, before-the-fact, educational approaches that may depend on predictive instruments for identification of potential abusers; and after-the-fact, crisis intervention approaches to treat physical and emotional problems and intervene in the family structure to prevent further mistreatment.

PRIMARY PREVENTION

As we discussed earlier, some of the causes of child abuse stem from values deeply and firmly rooted in our culture, exhibited in our attitudes toward children, toward parental rights in child management, toward the sanctity of the home as a private human system, toward physical force as an approved method of discipline in parent/child relationships, and toward toleration of poverty and deplorable living conditions for millions of families. It would seem, therefore, that prevention of child abuse at the primary level would involve global prescriptions to change the basic fabric of American society. Because this is something of an impossible dream that, were we to realize it, would require extremely extensive and expensive programming, current efforts to prevent child abuse at the primary level are aimed at subsections of the giant problem.

Kent (1977) distinguishes between a systems approach and a symptoms approach to primary prevention of child maltreatment. The first focuses on social and health policies and programs and includes "an increase in Title XX funds (especially for day care services), job training programs, parent education, and advocacy for children across a broad variety of concerns" (p. 108). Gil (1975) believes that

approval of corporal punishment, coupled with the competitive nature of our economic system, provides a fertile field for violent behavior in the family as parents attempt to work out their frustration with the system within the smaller social unit. This author suggests such broadscale and sweeping remedies as legal efforts to ban physical punishment from childrearing practices, the elimination of poverty in America, and a neighborhood-based national health system.

The symptoms approach described by Kent (1977) aims at increasing the public's awareness of the prevalence and consequences of abuse and the necessity for reporting. The assumption is that information about the problem and the potential penalties for abusing parents will abolish or at least reduce the occurrence of abusive behavior toward children. There is no evidence that this is true, however, since child abuse is often an irrational act rising out of psychological factors that are not influenced by knowledge or threats. While the symptoms approach may be of great importance in secondary prevention, it actually has little value, according to Kent, in primary prevention--except that increasing professional and public awareness should make people more alert to the problem and more ready to report suspected abuse, and point up the need for community responsibility and action.

A large number of primary prevention programs have been designed to offer services to high-risk groups, i.e., parents who have been identified as potential abusers and children of those families. The first difficulty encountered in such efforts is screening and identification of the target groups, and several professionals have worked at developing predictive instruments (see Starr, 1979, and Gray et al., 1979, for discussion). Researchers have also focused their attention on parents with new babies in attempting to develop effective screening procedures and instruments, and have been successful in identifying individuals with high potential for abnormal parenting. Other problems appear when a family is labeled as being in need of special services, i.e., as an abusive family, and when the interventions appear to invade our tradition of family privacy. Descriptions of specific intervention efforts to treat high-risk families are included in the section of this monograph on programs for the prevention and treatment of child abuse.

Another approach to primary prevention that has aroused much interest is parent education, both in schools and for the public at large. The theory that abused children model abusive attitudes and behaviors from childhood experiences with their

own parents and become abusing parents themselves has been substantiated through research and clinical evidence and is therefore important in primary prevention. Rationale for the introduction of parent education programs is based on widespread societal change, including the increase in single-parent families, in childbearing among adolescents, and in the number of women who have young children and work outside the home, and the decrease in community stability, especially in urban areas. Few adults have received any formal instruction in childrearing and undertake the new role of parenthood with great excitement and extremely limited knowledge of child development.

Parenthood training programs are currently operating in many junior high and high schools and include hands-on experiences with infants, as well as information on the normal stages of child development, the problem of family violence, and the kinds of interventions that can help to remedy the problem. The schoolroom also provides an environment in which students can voice and discuss their concerns and learn alternative ways of handling conflict. Education of the general public can include lectures on parenting to various professional, social, and civic groups; promoting awareness of the problem of child abuse and effective parenting techniques through television, radio, and newspaper coverage; and widespread dissemination of the services available to parents and children at risk.

Inservice training programs for teachers and counselors that will teach them to identify symptoms of abuse, neglect, or sexual molestation are probably most effective in the area of secondary prevention, but they do have their place in helping to protect siblings of identified abused children from experiencing maltreatment.

Primary prevention programs often take second place to secondary prevention programs because of the critical and immediate need for treatment and rehabilitation of abused children and their families. But the problem of child abuse is not solved by stopping the act of physical or emotional abuse. Rather, the more difficult problem is to undo the effects of growing up in an environment that diminishes children's sense of self-worth, violates feelings of trust, and models violence as an acceptable practice in childrearing. Thus, it is in the social milieu where real change must occur, and it is there that solutions can be found that will prevent child maltreatment in succeeding generations of families.

BARRIERS TO PROVISION OF PRIMARY PREVENTIVE SERVICES

A word should be said about some of the obstacles faced by child protective services professionals in providing primary preventive services. The following information is summarized from an article by Miller (1981) on the pressing national need for primary prevention of child abuse, with recommendations for action.

In response to the question, "Why is so little being done to prevent child abuse and neglect before these problems require costly treatment?" (p. 12), the author states that the greatest problem is a shortage of resources. This is caused in part by the reluctance of the government to redirect program funds from treatment services to preventive services when the client load remains the same because it would diminish the number and/or quality of existing treatment services. She also suggests a number of other factors that contribute to this problem:

1. Historical perspective--the stigma attached to families in need of social services.

2. Definitional issues--variations among states and in federal programs of the terms prevention, appropriate services, protective services, and social services.

3. Eligibility requirements--the paradox that abusing families only become eligible for services after they have been identified, which runs contrary to efforts to stop abuse before it begins.

4. Information gap--methodological and psychological problems with evaluating programs as to cost-effectiveness and success with clients.

5. Narrow policy focus--focus on the abused child rather than the family constellation.

6. Fragmented constituency--no unified voice speaking in behalf of primary prevention because of the number and variety of public and volunteer agencies competing for the public dollar. (pp. 12-16)

SECONDARY PREVENTION

The aim of secondary prevention is to prevent abuse from recurring once it has been identified and to lessen the impact and negative after-effects of what has already occurred to the child. Targets for secondary preventive measures are the child, the abusing caretaker, and the environmental conditions which contributed to the problem. Emphasis is on early detection, prompt treatment, and interventions to prevent re-abuse and to correct adverse environmental factors, including removal of

the child from the home. Abused children require immediate medical, psychological, legal, and social services, the extent of which will depend on the individual case. Abusing caretakers are also in need of treatment to prevent continuation of their present mode of parenting. If the family is poor, uneducated, or unemployed, a wide variety of other social services may be needed.

Early identification of child abuse is critical, and anyone may report suspected cases of abuse to child protective service authorities. Interventions to prevent further abuse are best accomplished while the child is in the home, although in cases where it appears that the caretaker is incapable of curbing abusive behavior, the child is sometimes temporarily or permanently turned over to foster care. At the Family Development Project in Los Angeles (see Kent, 1977, for discussion), clinicians and researchers have found that abusing parents fall into fairly distinguishable categories. Among these broadly identified groups are parents who simply do not understand or have had no experience with more positive methods of discipline, who themselves have significant psychiatric problems, who are subject to unremitting and severe stresses that tax their ability to cope beyond the limit, and/or who have significant intellectual or emotional deficits. The dynamics of a particular situation determine the type of intervention; treatment strategies therefore vary according to the degree of risk for the child.

Changing the environment from one that encourages abuse to one that is nurturing is often a long and difficult process and may be an unrealistic goal given the present human and material resources available to address that task. The more immediate objective in secondary prevention is to stop abuse and to protect children from further maltreatment in the most efficient, cost-effective, and feasible manner.

If the child is left in the home, some means must be developed to keep the child safe from further maltreatment. Kent (1977) suggests the use of parent aides who can provide emotional support for the parents, a regular and easily available pediatric care program through which the child's health and well-being can be carefully monitored, and the use of a team of professionals to carry out whatever treatment program has been devised. He also strongly stresses the need for those who work with abusing parents to proceed under the assumption that these parents do love their children and are concerned about them, do not want to injure them, and are not acting in negative ways out of indifference or hostility.

Adequate preventive measures also include consideration of the siblings of an abused child. In some families, for a variety of reasons, only one of the children is subject to abuse, but the emotional trauma can easily transfer to those who are out of the direct line of fire. In other families, all of the children are liable to be maltreated in one way or another. Therefore, careful attention should be given to the growth, development, and psychological state of all of the children in a family which has been identified as abuse-prone.

Further information about specific strategies and programs of intervention is provided in the section of this monograph on programs for the prevention and treatment of child abuse.

ROLE OF THE SCHOOL IN CHILD ABUSE AND NEGLECT

That the schools and the educational community have not given more attention to the problem of child maltreatment could be due to several factors. The complexity of the problem itself, especially when it comes to identifying emotional abuse or neglect or sexual mistreatment, could be a major reason, coupled with a general disinclination to believe that parents could deliberately do physical violence to their children. Another difficulty stems from resistance on the part of the schools to add another major task to their already huge responsibility of educating children in the basic skills. Schools have long considered their chief concern to be with the education of children rather than with their welfare, although attitudes and practices have changed greatly over the years as schools have become involved in such issues as desegregation and drug abuse. Educational personnel may also view child abuse or neglect as a medical or legal problem rather than a concern of the school, and this perception could cause them to resist taking action or becoming involved for fear of moving beyond their rightful role into the parental domain.

Public Law 94-142, the Education for All Handicapped Children Act, has mandated that schools provide equal educational opportunity for all children. Child abuse and neglect certainly have been shown to be handicapping conditions, and true compliance with that legislation clearly involves schools in the problem of child maltreatment whether they wish it or not. In addition, some of the requirements for states to obtain funding under Public Law 93-247, the Child Abuse Prevention and Treatment Act, have a direct impact on schools, such as the obligation to report suspected child abuse by certain educational personnel, the mandate for coordination and cooperation among all institutions providing human services (among them the school), and the stipulation that information on child abuse and neglect and available treatment facilities must be disseminated throughout the state--a requirement that has caused schools to become involved.

ESTABLISHMENT OF POLICIES AND PROCEDURES

The first task of the school in carrying out its responsibilities for the welfare of children is to establish policies and procedures regarding child abuse and neglect

and to distribute them to all school personnel and constituents of a district. Too often it is assumed that a plan is known and understood by those who will implement it, an assumption that does not work out in practice. Therefore, the policies and procedures should be written out clearly and discussed with those who have the responsibility for carrying them out. The policies should contain information about the legal and professional obligation of school personnel to report suspected cases of abuse and/or neglect, their immunity from criminal liability, the person or agency to whom reports should be made, the information required of the reporter, clarification of the definitions of abuse or neglect according to state law, the method of and time limits for reporting suspected cases, penalties for failure to report, and requirements for confidentiality. One thing that should be made clear to educational personnel is that suspicion of child abuse is enough reason to make a report; it does not have to be proven.

ROLE OF THE TEACHER

Because children spend a good deal of their lives in school, teachers have a unique opportunity to make critical observations regarding their physical or emotional state and any significant departures from normal behavior for individual children. They therefore have first-line responsibility in respect to child abuse and should clearly understand the school's policies and established procedures for their involvement. Specifically, teachers can monitor the child's behavior over a period of time, respond to the child's need for nurturance and affection, and provide a model for reasonable and fair adult treatment of children. The teacher can also play the role of child advocate to insure that action is taken in the best interests of the child and the family.

Teachers should also take advantage of opportunities to expand their knowledge about child abuse and neglect so that they are less fearful of the subject and more able and willing to carry out their responsiblity for identifying and reporting suspected child maltreatment. Because of their position in the school and their intimate knowledge of the needs of their pupils, teachers can be the impetus for the development of programs designed to focus on this problem--programs for their professional peers, for the students themselves, and/or the abusing parents.

ROLE OF THE COUNSELOR

The role that counselors should play in cases of child abuse or neglect will differ according to school size, number of support personnel, counselor caseload, and specific school policies. Many schools will not allow them to become involved beyond the point of individual counseling, possible group counseling, identification, and referral. In other situations counselors work with the parents and/or the family when it appears that the parents are motivated to modify their behavior and are able to profit from assistance.

Certainly counselors should be a source of consultation for the teacher and administrator and a member of the team within the school designated to work on problems of this nature. Counselors also should possess accurate knowledge of referral sources and available social services for both victims of abuse and the abusers, and be available for consultation with various agencies on student problems. Acting as a liaison between the school and community agencies is another function performed by counselors. And, finally, although court action is not the usual outcome of child abuse cases but rather the exception, both teachers and counselors may be required to participate in a court hearing regarding a particular child.

OTHER RESPONSIBILITIES OF THE SCHOOL

Schools should make provision for inservice training programs to acquaint teachers, counselors, and other professional educators with the dynamics of child abuse and neglect; enhance their ability to recognize the symptoms of child maltreatment; and sharpen their clinical, observational skills for the purpose of accurate reporting. Development of programs to extend knowledge and awareness of child abuse to the community at large is another way schools can help with this problem.

Within the curriculum, and for students themselves, schools can incorporate broad educational experiences designed to develop or enhance interpersonal relationship skills, providing models that will help children to learn positive ways of handling conflict and releasing aggressive impulses and therefore become better parents.

Schools should forbid the use of corporal punishment, which has no place in an educational institution. To use force as a disciplinary method condones the practice and simply reinforces abused children's feelings about authority figures and their

behavior. It also does nothing to help children establish inner controls that are patterned after appropriate social models. Humiliating sarcasm and belittling verbal treatment of children should also be outlawed; schools have the responsibility of helping particular teachers become aware of their possible tendency to use such tactics, especially when they feel frustrated or are under other kinds of stress.

Schools and the people that run them can take strong leadership outside the school by becoming politically active and supporting candidates dedicated to the welfare of children. Within the school they can act as advocates for the kinds of behaviors and attitudes that impact on children by creating the kind of environment that enhances children's sense of self-worth, teaches consideration of and responsibility to others, and helps them develop life competencies that will make them responsible citizens and good parents.

PROGRAM GOALS AND STRATEGIES

The problem of child maltreatment concerns all professionals involved in services to children. Many efforts have been made to develop prevention and treatment programs for infants, children, adolescents, and families at high risk of developmental, social, and/or emotional problems. Browsing through the yellow pages of the telephone book of Any City, U.S.A., reveals that community members nationwide are viewing child abuse and neglect as a local responsibility and are rallying their forces to combat the problem. Federal, state, and local government agencies, as well as community groups and schools, are becoming increasingly involved in the delivery of services to prevent, treat, and/or ameliorate family violence and harm to children. The intervention strategies employed differ according to the goals and available staff of the helping service, according to whether the program's focus is on primary or secondary prevention, and according to the target population, which may be the abused children themselves, the abusing caretaker(s), or the abusive family. From recent program descriptions, it can be seen that child protection workers, counselors, and therapists are working more and more with families rather than with individuals in an attempt to interrupt the negative behavior patterns and interactions within the family structure that contribute to child mistreatment.

Readers of this monograph will be aware of social and educational services within their own city, county, or state that address the problem of child abuse and neglect. The programs listed here are representative of what is being done and are only a very small sample of laudable efforts by hundreds of people across the country to aid children and families in distress. All of the program descriptions are taken from ERIC literature, either from microfiche documents or from journal articles.

PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN

The National Center on Child Abuse and Neglect of the former Department of Health, Education, and Welfare (DHEW) has published a manual entitled Early Childhood Programs (1979) for workers in Head Start, family day care, and preschool programs. The manual presents a comprehensive description of the many roles of early childhood programs in identification, treatment, and prevention of child abuse

and neglect, and includes a list of regional child abuse and neglect resource centers in the U.S. Services for young children and youths may include day care, foster care, physical health care, mental health services, companion advocacy, or group residential treatment. General guidelines for anyone who would become involved in helping maltreated children are summarized briefly below:

1. Provide a variety of activities and equipment; encourage environmental exploration, skill development, and interaction with other children and adults; minimize competition; allow children to experience success.

2. Do not reinforce the harmful effects of home discipline, i.e., do not isolate the child or use corporal punishment.

3. Be sensitive to the special problems of handicapped, hyperactive, or emotionally disturbed children who often run a higher risk of maltreatment because they are more difficult to deal with and may have developed personality characteristics that negate warm relationships with others.

4. Train staff to cope with physical and emotional dysfunction in a warm and supportive manner. (DHEW, 979, p. 46)

We have already discussed the psychological profile of the abused child. Such children usually posses low self-esteem, experience difficulty in relating to others, distrust adults, and have a desperate need for physical and emotional nurturance. Several psychological interventions that have been successful with children in general are also particularly useful with abused children. Peer group experiences in which children are encouraged to share their feelings with others who are undergoing the same kinds of treatment at home help them to release pent-up anxieties and fears, provide support and reassurance, suggest alternative ways of behaving that can stave off the recurrence of violent parental behavior, bolster their self-confidence, and reduce the sense of isolation felt by so many of them. Play therapy can also be very helpful in allowing children to vent their feelings though play and verbalization.

Halpern (1981), in her study of the influence of child abuse on both abused and nonabused children in an abusive family, found that the effects on siblings of the abused child were profound. Evidence would indicate that a violent environment affects all of the children, and that even the nonabused exhibit severe emotional pathology and are inclined to be shy, gloomy, and passive. Except for approaches designed to treat the family cluster, no specific programs for nonabused siblings in an abusive family have yet been described in the literature.

PRIMARY PREVENTION PROGRAMS

We have discussed several approaches to preventing child abuse and neglect before it ever gets started, among them educating students for parenthood as part of the school curriculum. One such effort is the "Education for Parenthood" program (Alvy, 1975), begun as a joint venture of the U.S. Office of Education and the Office of Child Development. Another example is a program entitled "Exploring Childhood" (Elmer, 1979), a curriculum sponsored by three federal agencies. These are simply examples of the current concern over this distressing problem and attempts by the government to prepare young people in positive ways for their future roles as parents.

The goals of educative programs conducted in the schools are fairly similar:

1. To teach young people basic concepts of child development, including what can be expected of children's emotional and cognitive capabilities at various stages in their growth and maturation, through lecture, discussions and audio-visual materials.

2. To acquaint them with the role of the parent, including proper attitudes and behaviors and appropriate ways of disciplining and caring for children.

3. To provide participatory/observational experiences with young children in day care, kindergarten, and nursery school settings in which students have the chance to put into action what they have learned in the classroom. In these hands-on experiences with little children, students learn a great deal through exposure to professional child care workers who demonstrate sensitivity to children's needs and model ways of handling aggression without using physical force.

4. To be aware of the value and methods of family planning.

5. To become aware of the critical importance of parents in the child's life.

6. To learn about the resources in the community to which they might turn for prenatal and infant care and parental advice.

A few critics of such programs have questioned whether they have relevance and meaning for junior high and high school students who do not yet have their own children; but most professionals involved in these educational experiences feel that they are a step in the right direction.

Mass media presentations are increasingly being utilized to promote public awareness of the problem of child abuse and neglect and to educate adults in proper parenting behaviors. That the public is highly interested in such efforts was evidenced by the thousands of parents who telephoned resource people in television stations across the country following a television documentary entitled "Raised in Anger," based on child abuse (Elmer, 1979). Although media programs should be attractive and kept fairly light, they should not avoid the seriousness of the problem or the intense emotions that are associated with various phases of parenthood. Information and advice are important, but to ignore the feelings and passions of parents who may need help will doom the program to failure.

The curriculum of the Downstate Medical Center College of Nursing in Brooklyn includes as an elective a 10-week course on family violence. A major adjunct to the formal program is one year's volunteer field work with a potentially abusive family (Hurwitz, 1977). Approximately ten students enroll each year and work with a team that includes a psychiatrist, a public health nurse, two social workers, and two psychologists. The major goal of the program is to prevent child abuse, but other objectives include developing within the nursing students the concept of advocacy and understanding of the nurse's role as a coordinator of existing community services and a promoter of new and needed services.

PROGRAMS FOR ABUSIVE PARENTS

Several treatment strategies are currently being used in hundreds of communities to treat abusive parents and protect their children. Among these are individual therapy, parent aides, and temporary residential treatment for entire families. An evaluation of 11 demonstration treatment programs, conducted by Berkeley Planning Associates (1977), revealed that "there was a reduced propensity for abuse and neglect in 42% of 1,208 families, although there was a severe recurrence of abuse or neglect in 30% of the families during treatment" (Starr, 1979, p. 875). It appeared from this study that the most effective approach was to use parent aides and/or Parents Anonymous in conjunction with casework. A major conclusion of the report was that the probability of success in programs of this nature is around 40-50%.

From the programs examined for this monograph, the group approach with abusive parents seems to be the most commonly used strategy. Goals of group

programs are to teach parents limits and reality learning, reduce their sense of isolation, improve their social and personal relationship skills, lower parental expectations for their children, enable them to let go of their children as sources for their own nurturance needs, teach anger control, provide information about children's normal stages of cognitive and emotional growth and development, teach child management skills, and help them become aware of their role in promoting their children's development.

Gathering abusive or potentially abusive parents together in groups appears to offer several advantages. The group environment provides real-life experiences in personal growth and social adjustment through relating to others in a positive way, helps to reduce anxiety and fears regarding their own behaviors, increases their self-confidence, helps them to accept themselves, allows them to examine their feelings and attitudes in a nonthreatening environment, teaches them ways of altering their behavior and attitudes so as to gain group acceptance, offers reassurance and support from the therapist(s) and other group members, teaches them self-control and positive ways of handling their own aggressive feelings, allows them to rehearse behaviors through role playing, and provides an anchor to which they can return and report on successful or not-so-successful attempts to curb their abusive behavior and maladaptive child management techniques.

Probably the best known resource for parents is Gordon's Parent Effectiveness Training (1971), available in most book stores. A self-help type of training, this program has been used in adult education courses, by groups of concerned adults, and by individuals to help them improve their parenting skills.

The "Child Management Program" described by Wolfe (1980) was really a research study conducted with 16 family units and 8 control groups. Groups met 2 hours a week for 8 weeks, and the purpose was to correct maladaptive parent/child interactions. Competency-based training in the group and monitoring and support of rehearsal in the home were provided by trained clinical psychology graduate students. Results of evaluation after a 10-week follow-up revealed that the participating parents had significantly fewer child problems; exhibited positive changes in child management, child development, and anger control; and had learned viable alternatives to strictly physical coercion as a means of disciplining their children.

WATCH, "Women Attentive to Children's Happiness," was a 2½-year demonstration project funded by the Office of Child Development in Pasadena, California (Sale, 1975). It was an organization formed to meet the unique needs of women who care for children, to allow them to discuss their concerns and share their ideas and experiences. Now terminated, it was responsible for enhancing the image of family day care in the community and developing within the caretakers a sense of accountability for providing developmental services for the children. Two position papers resulted, among other outcomes. The first defined quality day care and outlined the components and standards for a developmental and individualized program for children. The second described a common-sense, humanistic, and positive approach to working toward self-discipline, with as little emphasis on punishment as possible. A quotation from the first document puts into perspective this group's approach to quality day care:

> Quality family day care is the open arms, heart and mind of a mother substitute who cares for the young child whose parents are gone part of the day on a regular basis. It is loving and being loved in a family situation beyond his own; it is having his siblings with him as he would in his own home. It is exploring and molding new relatinships with "day brothers and sisters," with relatives and friends of the day care mother, and with children in her neighborhood. (Sale, 1975, p. 24)

Mothers and children were the focus of the "Mother-Child Interaction Group" sponsored by the Infant Care Center of the Jewish Board of Family and Children's Services in New York (Phillips, Gorman, & Bodenheimer, 1981). The aim of the group was to bring together mothers and their children under the age of 3 who were considered to be at risk. Co-led by a social worker and a teacher-therapist who provided positive role models for the mothers, the group met two hours a week every week over noon hour. A unique feature of this program was that after play and discussion, the mothers and children participated in eating lunch together, after which discussion was resumed. The psychological nurturance provided by the group members and leaders was buttresed by physical nourishment, and mothers not only acquired new methods of child management, learned about normal stages of child growth and development, increased their socialization skills, and learned more appropriate ways of responding to their children, but also acquired new knowledge about how to feed them properly. Much support and reinforcement was offered by the co-leaders and

other group members as the mothers identified their problems and sought alternative and more positive modes of behaving with their children. The program was health-oriented rather than problem-oriented, and was designed to help mothers learn to enjoy their children and to promote the bonding between them, considered by the program developers to be the most crucial factor in the child's development.

Single women who were pregnant or had preschool children considered to be at risk were the focus of the "Child Development and Parenting" program (CDP), developed in 1978 in two central California counties. Short-term goals were education in child development and parenting skills and meeting the emotional and social needs of the mothers. Clients ranged in age from 15 to 35, represented all races and socioeconomic classes, and were all receiving welfare and Aid to Dependent Children. The facilitation of mother/infant bonding was considered to be the most significant outcome of the program, though the group also accomplished many of the same objectives sought by the mother/child group in New York. The reader is referred to Kiernan and others (1980) for a complete description of strategies utilized and evaluative data on program outcomes.

PROGRAMS FOR ABUSIVE FAMILIES

Programs for helping both abusers and the abused increasingly involve treatment of the family as a total system. Evidence is clear that violence has a strong impact on all family members, that it stems from pressures and stresses both within and without the family unit, and that the dynamics of the personal interactions that trigger abuse reverberate among all family members. The first step in any program designed to assist a disturbed family is to assess as clearly as possible what is going on in the family to cause any of the participants to behave in inappropriate ways and to attempt to discern causes that can be ameliorated or eliminated. To unravel the problems, generally, family members are first seen individually, then worked with in groups of spouses alone and siblings alone, and finally brought together as a total system. The aim of family therapy is to protect both the child and the child's caretakers, to prevent child abuse from occurring, to reveal health and nutritional problems, to help parents and children identify personal and relational needs, to enhance parental knowledge of child development, to help parents reinforce children's positive behaviors and learn more appropriate methods of child management, to refer the

family to other community services that can resolve their difficulties, and, in general, to stabilize the home environment.

A frequently utilized strategy is to provide a troubled family with a home visitor--a specially trained parent aide, often a volunteer, who visits the family at prescribed intervals or at particular times of need and becomes a trusted confidante and support person. Kempe's health visitor program (1976) is an example of this type of intervention, and utilizes successful mothers who begin their work with the family during pregnancy and extend their services through preschool years. Another example is the Home Start program, an offshoot of Head Start, that sends visitors into economically disadvantaged homes which have 3- to 5-year-old children (Alvy, 1975). In addition to the general objectives listed above for treatment of disturbed families, these home visitors motivate and encourage parents to seek employment counseling, drug counseling, diagnostic testing, job training, and psychotherapy.

The team approach has been found to be highly successful in working with abusive families. One such team is the Family Stress Consultation Team in Springfield, Illinois, a community-based volunteer group that provides multidisciplinary consultation in developing a comprehensive management plan in cases of child abuse and neglect (LeBlang, 1979). Team members, except for the team coordinator, volunteer their services and represent the disciplines of child psychiatry or psychology, social work, medicine, public health, and law. Members meet weekly for a team conference and are available for consultation at the request of caseworkers. Evaluation of the team's efforts 3 years later revealed that it was considered to be a valid community resource in the evaluation and management of child abuse and neglect cases and that its recommendations were of significant help in the development of case management plans.

Rosenstein (1978) describes a "Family Outreach" program for the prevention of child abuse and neglect developed in Dallas, Texas by the National Council of Jewish Women in cooperation with the Dallas County Child Welfare Unit. The Outreach Center was originally staffed by a full-time caseworker and 16 volunteers trained as paraprofessionals. The goals of the program were to inform the public about child abuse and neglect, to work toward prevention of child abuse by developing a one-to-one relationship with potential abusers, and to help in finding foster and adoptive homes in the community for children who had to be removed from their own homes.

Since its inception the project has expanded to a volunteer staff of 37 persons and classes for both teenagers and parents. The increase in self-referrals from 8.5% at the end of the first year of the program to 51% at the end of the fifth year attests to the value placed on it by the community and to its nonthreatening atmosphere for would-be clients. During its first 5 years, the staff worked with 329 families and over 1,000 children and performed 350 speaking engagements that reached over 8,400 people. In addition, this pilot program was the impetus for the establishment of eight other outreach centers in Texas and several more in other states.

RECOMMENDATIONS FOR FUTURE ACTION

Throughout our writing, we have emphasized the multiplicity and complexity of the causes and effects of child abuse. A simplistic approach to the problem could very well result in the design and use of treatment strategies which were superficial and ineffectual and could, by their inability to bring about any real amelioration of the situation, do more harm than good. Possible conclusions and recommendations which might be suggested are legion and could conceivably be as extensive and detailed as this monograph itself. The many documents that we review and discuss speak with breadth and clarity to a variety of conclusions and recommendations regarding child abuse. The primary intent of this final section is to deal less with conclusions that relate to child abuse in general than with what we believe to be important implications for human services specialists who work with abused children and families. We hope that our recommendations will provide not only substantive contributions to the thinking and planning of human services specialists but also an agenda for action.

1. We must strive to increase awareness and raise public consciousness of the extent of and the need for action regarding child abuse. Our review of hundreds of documents suggests that a substantive body of literature on child abuse is emerging. Its sources, however, are quite diverse, and the amount of meaningful and useful data and discussion from any one professional source is limited. Typical professional workers who confine their reading to the literature within their own field are likely to have only minimal exposure to both the significance of the problem and potential approaches for dealing with it. Unfortunately, the everyday working professional may not even be aware of the pervasiveness of child abuse. Contrary to its name, and particularly in its more subtle forms such as neglect or psychological maltreatment, abuse does not leap out to someone external to the child's situation and may be overlooked, misconstrued, or misinterpreted, particularly if the human services specialist has little knowledge or interest in the problem. Due to the fuzziness of their responsibilities in this troubled area, counselors may harbor an unconscious motivation not to become involved and therefore avoid recognizing or suspecting either less obvious or telltale signs of abuse. Because of their contact with children,

parents, and teachers, counselors are in a particularly strategic position to be aware of and to play an important role in determining whether or not a given child is being abused. As past experience has shown, however, unless they have been sensitized to the problem's existence and have undertaken conscious involvement in the process of identification, prevention, and treatment, they are likely to assume either passive or very minimal roles. The first step in promoting more substantive counselor involvement is to make them aware of the severity of the problem and their potential as significant interveners through professional association communication, small group meetings, and inservice training. Counselors do constitute a primary source of identification, treatment, and prevention in this area; but they are unlikely to exercise leadership collectively or individually unless they identify such tasks as important in their daily work. Clearly, this is not a decision that can be made by counselors individually; rather, it is one that involves discussion and agreement among school personnel, including counselors themselves, community agencies, and parent groups on assigning high priority to counselor involvement in this critical area.

2. We must seek to understand and recognize the multiplicity of causes and effects of child abuse. Simplisitic definitions or understandings are likely to lead to primitive interventions which may serve more to mask problems than to help solve them. Identifying some of the complex causes of child abuse will also stimulate greater community action and response. The abused child is not a battleground for turfdom. If ever professional cooperation and collaboration were called for, it is in this area. Only through community-wide participation is it likely that significant inroads will be made in attacking root causes from a variety of perspectives and achieving primary prevention. To understand fully the pervasive nature of child abuse and the insidious harmful effects it has upon the abused requires a multidisciplinary approach involving a wide range of helping specialists.

3. We must focus on the family unit as the appropriate point of prevention and/or treatment. By the nature of their work counselors and other human services specialists typically deal with the abused person individually. After all, the abused child is most often the initial point of contact and the person to whom treatment can most readily be provided. Serious commitment to assisting abused children to deal with existing abuse as well as taking action to preclude future abuse, however,

necessitates dealing with the total family structure. This is especially true in that treatment of the abused child may intensify feelings of guilt and aggression on the part of abusers and lead to further abusive behavior, unless they are part of the treatment program. We are still in the process of learning more about the impact upon the non-abused of living in a family where abuse occurs. It seems logical that those who are not physically abused also suffer from the existence of abusive behavior and that the effects of this abuse may be insidious and long term. Needless to say, focusing treatment on the entire family magnifies problems associated with treatment and prevention rather than reduces them. This again stresses the importance of viewing abuse as a community problem and of bringing together a wide range of potentially interested and concerned agencies and people in responding to it.

4. The fact that the abused child should be the primary focus of treatment efforts should not preclude rigorous efforts to develop preventive programs. The increasingly limited resources available for human services funding makes the determination of priorities all the more important. Clearly, the abused child deserves our major attention and effort. However, if left at this level, it is unlikely that sufficient progress will be made to identify and eliminate conditions basic to the problem. Time and effort on the part of human services specialists, sensitive parents, teachers, and concerned community members to alert the public to the pervasive nature of child abuse and the need for community-wide programs can provide the impetus for collective community responses. Inservice training sessions, discussion groups, newspaper articles, and program presentations can all serve to assist the community at large to think more proactively about child abuse.

5. We must identify and widely disseminate clear-cut intervention strategies. Reviewing the literature relating to child abuse causes us to be both incensed at its existence and perplexed by the lack of clarity as to appropriate helping responses. Interested human services specialists will find a considerable body of information regarding causes and consequences of child abuse, but will rarely discover directly usable information and resources for dealing with the problem. In seeking to avoid "cookbook" or easy prescriptive approaches, authors have emphasized the complexity and the difficulties to be encountered in developing appropriate treatment strategies. While admitting to the difficulties inherent in treating child abuse, we must delineate alternative methods of handling the problem and collect data on the degree

of success experienced by counselors and other human services specialists in using particular strategies. Case history data describing a particular case of abuse, the approach used by the counselor, and the consequences of treatment--even if not presented as research but as illustrative of a type of strategy--could be extremely helpful. In short, we should seek to obtain more specific information on how human services specialists are treating cases of child maltreatment and the outcomes from their efforts. While empirical research is clearly needed, lacking that, the field could still benefit from detailed statements of how counselors handled different cases of child abuse and their insights regarding what they learned from their efforts.

6. Counselor and human services preparation programs should include a component dealing with counseling abused children and their caretakers. Significant gains might be achieved if those responsible for the preparation of human services specialists recognized the critical importance of child abuse as a target for training and included information and practice in dealing with the problem in counselor education programs. Even a limited emphasis on heightening counselor awareness and providing information on available resources and treatment strategies could be extremely helpful. Training of this type could also combat perhaps the most unfortunate aspect of this problem today, which is ignorance of the fact that child abuse exists. As counselors become more knowledgeable about the problem and effective interventions for dealing with it, they are much more likely to increase their efforts in promoting community awareness of child maltreatment and to assume active leadership in its prevention and treatment.

The significant role that counselors can play in child abuse has been set forth in this section. It is a variable role, ranging from direct assistance to the abused child, to working for preventive programs and providing help to families. As persons who have insight into both the impact of abuse upon the child and the causes of abusive behavior, they are in a unique position to work for services that can lead to both treatment and prevention. Few challenges to counselors are as important as this one. Children are our country's future. We can and we must do everything possible to assure that the promise of the future is not denied to segments of our young people because of abusive, dehumanizing experiences.

REFERENCE LIST

(Child Abuse)

Alvy, K. T. Preventing child abuse. American Psychologist, 1975, 30(9), 921-928. (EJ 123 602)

Angele, T. M. (Ed.). Children alone: What can be done about abuse and neglect. Washington, DC: Bureau of Education for the Handicapped, The Council for Exceptional Children, 1977. (ED 143 163)

Barnett, E. R., Pittman, C. B., Ragan, C. K., & Salus, M. K. Family violence: Intervention strategies. Washington, DC: U.S. Department of Health and Human Services, National Center on Child Abuse and Neglect, 1980.

Bennett, R. F. Families in stress, children in peril. Compact, 1976, 10(3), 13-16. (EJ 142 887)

Berkeley Planning Associates. Evaluation of child abuse and neglect demonstration projects 1974-1977: Vol. II. Final report. Berkeley, CA: Author, 1977.

Boisvert, J. J. The battered child syndrome. Social Casework, 1972, 53(8), 475-480.

Bremmer, R. H. Children and youth in America (Vol. 2). Cambridge, MA: Harvard University Press, 1971.

Caskey, O. L., & Richardson, I. Understanding and helping child-abusing parents. Elementary School Guidance and Counseling, 1975, 9(3), 196-207. (EJ 114 042)

Community Health Service. Child abuse/neglect: A guide for detection, prevention, and treatment in bureau of community health services programs and projects. Bethesda, MD: Author, 1977. (ED 148 084)

Congressional Record, U.S. House of Representatives, April 10, 1978.

DeMause, L. Our forebears made childhood a nightmare. Psychology Today, August 1975, pp. 85-88.

Elmer, E. Child abuse and family stress. Journal of Social Issues, 1979, 35(2), 60-71.

Fontana, V. J., et al. The maltreatment syndrome in children. New England Journal of Medicine, 1963, 269, 1391.

Gelles, R. J. Child abuse as psychopathology: A sociological critique and reformulation. American Journal of Orthopsychiatry, 1973, 43, 611-621.

Gelles, R. J. A profile of violence towards children in the United States. Paper presented at a meeting entitled, "Child Abuse: Cultural Roots and Policy Options," Philadelphia, November 1978.

Gil, D. S. Violence against children: Physical child abuse in the United States. Cambridge, MA: Harvard University Press, 1970.

Gil, D. S. Child abuse prevention act. Journal of Clinical and Child Psychology, 1973, 11(3), 7-10. (a)

Gil, D. S. Testimony before the U.S. Senate Subcommittee on the Child Abuse Prevention Act (S. 1191, 93rd Congress, 1st Session), 1973. (b)

Gil, D. S. Unraveling child abuse. American Journal of Orthopsychiatry, 1975, 45(3), 346-356. (EJ 126 003)

Gordon, T. Parent effectiveness training. New York: Wyden, 1971.

Gray, J. D., Cutler, C. A., Dean, J. G., & Kempe, C. H. Prediction and prevention of child abuse and neglect. Journal of Social Issues, 1979, 35(2), 127-139. (EJ 207 458)

Green, A. H. The child abuse syndrome and the treatment of abusing parents. In S. A. Pasternak (Ed.), Violence and victims. Holliswood, NY: Spectrum Publications, 1975.

Halpern, S. L. Abused and non-abused children's perceptions of their mothers, fathers, and siblings: Implications for a comprehensive family treatment plan. Family Relations, 1981, 30(1), 89-96. (EJ 239 978)

Hildreth, G. J., et al. Some characteristics and personality problems of children who are victims of child abuse. Washington, DC: U.S. Department of Health, Education, and Welfare, National Institute of Education, 1976. (ED 198 927)

Holmes, S. A., Barnhart, C., Cantoni, L., & Reymer, E. Working with the parent in child abuse cases. Social Casework, 1975, 56(1), 3-12.

Hurwitz, A. Child abuse: A program for intervention. Nursing Outlook, 1977, 25(9), 575-577. (EJ 167 208)

Kempe, C. H. Approaches to preventing child abuse: The health visitor concept. American Journal of Diseases of Children, 1976, 130, 941-947.

Kempe, C. H., & Helfer, R. (Eds.). The battered child. Chicago: University of Chicago Press, 1968.

Kent, J. T. Strategies of prevention. In T. M. Angele (Ed.), Children alone: What can be done about abuse and neglect. Washington, DC: Bureau of Education for the Handicapped, The Council for Exceptional Children, 1977. (ED 143 163)

Kiernan, B. U., et al. A preventative child abuse program. Paper presented at the annual convention of the American Psychological Association, Montreal, September 1980. (ED 201 951)

Kinard, E. M. Emotional development in physically abused children: A study of self-concept and aggression (Doctoral dissertation, Brandeis University, 1978). Dissertation Abstracts International, 1978, 39, 2964B.

Kinard, E. M. The psychological consequences of abuse for the child. Journal of Social Issues, 1979, 35(2), 82-100. (EJ 207 456)

Kinard, E. M. Mental health needs of abused children. Child Welfare, 1980, 59(8), 451-462. (EJ 232 756)

Kline, D. F. Child abuse and neglect: A primer for school personnel. Reston, VA: The Council for Exceptional Children, 1977. (ED 145 600)

Kristal, H. F. The role of the school in child abuse and neglect. Ann Arbor, MI: The University of Michigan, ERIC Counseling and Personnel Services Clearinghouse, in collaboration with the American School Counselor Assoc., 1977. (ED 137 715)

Landis, J. T. Experiences of 500 children with adult sexual deviation. Psychiatric Quarterly Supplement, 1956, 30(Pt. 1), 91-109.

LeBlang, T. R. The family stress consultation team: An Illinois approach to protective services. Child Welfare, 1979, 58(9), 597-604. (EJ 212 923)

Light, R. Abused and neglected children in America: A study of alternative policies. Harvard Educational Review, 1973, 43, 556-598.

Lowie, R. H. Are we civilized? New York: Harcourt, Brace & Company, 1929.

Miller, B. Ethical problems in the prediction of child abuse and neglect. Paper presented to the Study Group on Problems in the Prediction of Child Abuse and Neglect, Wilmington, DE, June 1977.

Miller, C. C. Primary prevention of child mistreatment: Meeting a national need. Child Welfare, 1981, 60(1), 11-23. (EJ 239 120)

Morse, C., Sahler, O., & Friedman, S. A three year follow-up study of abused and neglected children. American Journal of Children, 1970, 120, 439-446.

National Center on Child Abuse and Neglect. Interdisciplinary glossary on child abuse and neglect. Washington, DC: U.S. Department of Health, Education, and Welfare, 1978.

Newberger, E., Hagenbuch, J., Eberling, N., Colligan, E., Sheehan, J., & McVeigh, S. Reducing the literal and human cost of child abuse: Impact of a new hospital management system. Pediatrics, 1973, 51, 840-848.

Pennsylvania State Department of Public Welfare. Child abuse: 1979 report. Harrisburg, PA: Author, 1980. (ED 195 086)

Phillips, N. K., Gorman, K. H., & Bodenheimer, M. High-risk infants and mothers in groups. Social Work, 1981, 26(2), 157-160. (EJ 243 593)

Rosenstein, P. J. Family outreach: A program for the prevention of child neglect and abuse. Child Welfare, 1978, 57(8), 519-526. (EJ 194 724)

Roth, R. A. Child sexual abuse: Incest, assault, and sexual exploitation. Washington, DC: National Center on Child Abuse and Neglect, Herner & Co., 1978. (ED 168 248)

Russell B. A history of western philosophy. New York: Simon & Schuster, 1975.

Sale, J. S. WATCH: Family day care mothers work together to improve services. Children Today, 1975, 4(6), 23-25; 36. (EJ 129 958)

Shyne, A. W., & Schroeder, A. G. National study of social services to children and their families. Washington, DC: U.S. Department of Health, Education, and Welfare, Children's Bureau, 1978.

Smart, M., & Smart, R. Preschool children: Development and relationship. New York: MacMillan Co., 1975.

Spinetta, J. J., & Rigler, D. The child-abusing parent: A psychological review. Psychological Bulletin, 1972, 77, 296-394.

Starr, R. H., Jr. Child abuse. American Psychologist, 1979, 34(10), 872-878. (EJ 217 104)

U.S. Department of Health, Education, and Welfare. Federal standards for child abuse and neglect prevention and treatment programs and projects. Washington, DC: Author, 1978.

U.S. Department of Health, Education, and Welfare. Early childhood programs and the prevention and treatment of child abuse and neglect. Washington, DC: Author, National Center on Child Abuse and Neglect, 1979.

U.S. Senate Committee on the Judiciary. Protection of children against exploitation act of 1977. Report on S.1585. Washington, DC: U.S. Government Printing Office, 1977.

Van Stolk, M. Who owns the child? Childhood Education, 1974, 50(5), 259-265. (EJ 095 018)

Wolfe, D., et al. Group and individual parent training with child abusers. Paper presented at the annual meeting of the Southeastern Psychological Association, Washington, DC, March 1980. (ED 192 177)

Zigler, E. Controlling child abuse in America: An effort doomed to failure. Lecture in developmental pediatrics at the University of Nebraska Medical Center, Omaha, 1976.

SPOUSE ABUSE
(Part 2)

INTRODUCTION

Wife beating has gone on for centuries. Women have isolated themselves from social contacts, lied to their physicians, and in recent years stayed home from work in order to keep hidden the physical injuries they have incurred from attacks by their husbands. Men have maintained stony silence about physical and verbal abuse from their wives out of embarrassment and shame. Society has clung tenaciously to the belief that marriage is a sacred contract and that what happens between the parties is a private affair. Our traditional perception of marriage as a "live happily ever after" phenomenon has caused many people to refuse even to believe that spousal violence exists, to ignore it, and/or to be fearful and humiliated about revealing the domestic turbulence that we now know characterizes so many relationships.

Because spouse abuse generally takes place in the home, most cases go unreported, which causes experts to believe that present statistics are grossly inaccurate. Only recently has the widespread nature of the problem of spouse abuse been recognized, but efforts are now underway to document the evidence of battering; pass legislation to protect battered wives; educate the public about its existence, causes, and consequences; and stimulate programs of protection and services for victims and aid for assailants. Today's social and political emphasis on civil rights has led to a broader understanding of the subjugation of women, and wives are feeling less isolated, more courageous, and more willing to expose their shameful treatment by their husbands and to take action to put an end to it. Wife beating is now a crime in every state. Today states are enacting ever more stringent laws to protect women and provide them with the services they need, and to mete out punishment to abusive husbands that fits their criminal behavior.

In this section of the monograph on family violence we deal with the problem of spouse abuse, its antecedents, causes, and remedies, and present some recommendations for future action that we believe will improve the lot of battered women.

HISTORICAL ANTECEDENTS OF WIFE ABUSE

The act of wife beating is deeply rooted in historial attitudes toward women. In the earliest conjugal relationships women were considered to be their husbands' property, and men were expected to chastise their wives for any transgressions and act as master in all instances. According to the Rules of Marriage compiled by Friar Cherubino of Siena in the mid-1400's:

> When you see your wife commit an offense, don't rush at her with insults and violent blows...Scold her sharply, bully and terrify her. And if this still doesn't work...take up a stick and beat her soundly, for it is better to punish the body and correct the soul than to damage the soul and spare the body...Then readily beat her, not in rage but out of charity and concern for her soul, so that the beating will redound to your merit and her good. (Cited in Davidson, 1978, p. 99)

Early American attitudes and laws were based on British common law that condoned wife beating, stipulating that a man could only beat his wife with a "rod not thicker than his thumb" (Davidson, 1978, p. 18), legislation which led to the coining of the term "rule of thumb." Evidence of British influence can be found in some American state laws passed in the first half of the nineteenth century that subscribed to the same philosophy, approving the husband's role as disciplinarian of his wife. For example, the Mississippi Supreme Court ruled in 1824:

> Let the husband be permitted to exercise the right of moderate chastisement, in cases of great emergency, and use salutary restraints in every case of misbehavior, without being subjected to vexatious prosecutions, resulting in the mutual discredit and shame of all parties concerned. (Bradley v. State, 1824)

However, in 1871, an Alabama court took a different stance, stating that:

> The privilege, ancient though it be, to beat her with a stick, to pull her hair, choke her, spit in her face or kick her about the floor, or to inflict upon her like indignities, is not now acknowledged by our law...In person, the wife is entitled to the same protection of the law that the husband can invoke himself...All stand upon the same footing before the law "as citizens of Alabama, possessing equal civil and political rights and public privileges." (Fulgham v. State, 1871)

North Carolina qualified this legal posture to some extent in what was to become the forerunner of attitudes that exist today in relation to the confidentiality of what happens within the confines of a troubled marital relationship:

> If no permanent injury has been inflicted, nor malice, cruelty nor dangerous violence shown by the husband, it is better to draw the curtain, shut out the public gaze, and leave the parties to forget and forgive. (State v. Oliver, 1874)

Gradually the situation began to change, and in 1882 the State of Maryland decreed that punishment for wife beating would be 40 lashes or a year in jail. After the first miscreant husband received this sentence, a Baltimore district attorney observed that "the crime ceased as if by magic" (Davidson, 1977, p. 18). And today no American judiciary system permits a husband to strike his wife. Yet spousal abuse still exists to an alarming extent.

INCIDENCE OF SPOUSAL ABUSE

Estimates regarding the actual number of families in which violence occurs vary considerably. A conservative estimate puts the number of battered wives nationwide at well over a million per year (Martin, 1976). National statistics document that in 1.8 million couples one spouse has abused the other, that more than one fourth of all American couples experience at least one violent incident sometime during the relationship, that approximately one sixth experience such an episode every year, and that one couple in ten experiences extreme physical abuse (Barnett et al., 1980; Margolin, 1979). Statistics from other sources reveal that one third of all married couples engage in spouse assault (Langley & Levey, 1977; Straus, Gelles, & Steinmetz, 1980). With 50 million married persons (Bureau of the Census, 1979), it thus appears probable that violence between spouses has occurred in at least 15 million American marriages. Marital violence is now being recognized as an extensive and serious problem.

Local studies support these data and suggest that the problem of family violence is indeed widespread. Physical violence which comes to the attention of law enforcement agencies occurs more frequently between family members than between any other individuals. For example, a 1974 San Francisco police report indicates that 50% of police calls were for family disturbance. New York police officials estimate that domestic problems constitute between 15% and 40% of all calls for police assistance. Police records over a 7-month period in Chicago showed that family disturbances exceeded the total response for murder, rape, aggravated assault, and other serious crimes. Oakland, California police responded to more than 16,000

domestic disturbance calls in one 6-month period. Margolin (1979) reports that "approximately one fourth of all murders in the United States occur within the family, and half of these are spousal killings" (p. 13).

Hospitals see a number of victims of spouse abuse as well. For example, at Boston City Hospital, approximately 70% of the assault victims received in the emergency room are women who have been attacked in the home. The city-county hospital of Austin, Texas estimates that one incident due to family violence is treated every other day. These are probably underestimates, as women are often reluctant to admit being beaten by a husband or boyfriend.

Lower income families represent the majority of family disturbance calls received by the police, and this fact could lead to the conclusion that domestic violence is a problem unique to poor or disadvantaged families. This is not supported by the facts. The lack of options for lower income families leads them to the social services in the community, like public hospitals and police stations, but professionals who work with battered women agree that the problem pervades all levels of society. This stereotypical view of battering as a lower class crime has also been refuted by many studies showing a high incidence of spousal assaults in middle and upper class families (Pagelow, 1977a), that wife beating is a phenomenon common to all ages, races, classes, and economic groups and is found at all educational levels (Fields, 1976; Flynn, 1977). Lower class violence is simply more visible.

Precise statistics documenting the incidence of family violence are very difficult to obtain because spousal abuse is considered to be the most underreported crime in our culture. Gaquin's (1977-78) study of 72,000 households revealed that of the violent incidents that had occurred in these families, only half had been reported. Research by Straus (1977-78) on 2,143 couples confirms this finding. The primary reason given for failure to report was that abuse was a personal matter; additional excuses were that either the couple did not feel the incident was important enough or they felt the violence was too severe to discuss. Traditional societal attitudes, as well as the attitudes of the individuals involved, reinforce the belief that family squabbles should be resolved in the privacy of the home. Thus, the recent attention society has given to the matter of family violence and the very practical attempts, especially by women's groups, to aid battered women should bring more light to the issue, encourage more spouses to report mistreatment, and stimulate more research into how to resolve this distressing problem.

FACTORS THAT CONTRIBUTE TO SPOUSE ABUSE

Every family experiences conflict. Differences among family members may stem from a variety of reasons: differences in personalities and values of family members; stresses from many factors which occur in daily living or in times of extreme crisis; attitudes toward violence as an approved method of exerting dominance or control; extended time spent in a common space; strong emotional involvements, especially when such ties are threatened; rigid or ideal role expectations; and any number of other presses exerted on or engendered by a group of individuals who live in intimate relationships with one another. Families vary considerably in how they handle these conflicts; and violence toward another family member is one way, and in some cases the only way, that some individuals are able to release aggression or resentment or even communicate their frustration to others. It is not easy to fix blame or identify "the" cause or causes of domestic violence. Spousal assault is a complex problem that involves much more than the act itself or the personal interaction between a husband and wife. Psychological, cultural, and social organization factors do not, by themselves, produce violence among family members. Generally, it is a combination of these elements which incites such actions.

Many studies have been conducted on the causes of violence between spouses, and in this section we will discuss the findings and attempt to categorize what current research suggests are the major factors contributing to spousal assault.

SOCIETAL ATTITUDES

Toward violence. The pervasiveness of violence in our culture and the approval of violence as a means for achieving socially desirable ends can be illustrated by the positive portrayal of physical force and violence in the media, society's general endorsement of the death penalty, and the widespread approval given to physical punishment as a means of disciplining children. Traditionally, various groups in the United States have also used violence to achieve positive change, and our country has resorted to violent acts in retaliation for aggressive behaviors by other nations. Thus, the use of physical force is sanctioned by society, particularly in the name of

protection, law and order, self-defense, and the national interest. Because society condones force as a legitimate means of resolving conflict, and with such behaviors so deeply embedded in our culture, it comes as no surprise that the family may be adversely affected and attempt to solve internal conflicts in violent ways. That violence is supported and even encouraged by certain members of our society is shown by data from a survey conducted by the National Committee on Causes and Prevention of Violence which revealed that 25% of the men and 16% of the women surveyed approved of a husband striking his wife under certain circumstances, and that 26% of the men and 19% of the women approved of wives slapping their husbands (Steinmetz & Straus, 1973, cited in Johnson, 1978). In fact, the family has been called the "cradle of violence" wherein acts of physical force serve as lessons for children and become life patterns of aggression and violence that are passed on from generation to generation.

Toward male supremacy. The traditional structure of the American family has been patriarchal, and victimization of women by men has been said to be directly related to society's support of male supremacy (Becker & Abel, 1977). Causative factors of wife battering stem from a broad range of internalized beliefs in the "rightness" of this patriarchal-hierarchal order of the social structure, and it is the nature of the male-dominatd abusive family which guarantees that violence will be directed toward the weaker, less protected members--the wife and children. Examples of cultural norms legitimizing marital violence are found in literary works, comic strips, the media, various social and psychological experiments, and the male-dominated, male-oriented organization of the criminal justice system. The phenomenon of wife beating thus becomes the natural result of a sexist social order which rewards aggressive behavior in men but expects women to be passive and submissive.

The transition from dominant-submissive husband-wife relationships to more egalitarian marital authority structures and the changes in women's status in society are extremely disturbing to many men who subscribe to the traditional male "macho" image of breadwinner and authority figure. This threat to masculinity, men's feelings of antagonism toward changes in sex roles, and their perceived loss of power in the marital relationship are thought by some experts to account, at least in part, for an increase in wife abuse. As Hart (1980) stated so eloquently in her testimony before the U.S. Commission on Civil Rights:

> It is a very clear, cultural training with regard to power. Men in this culture, except in the rare situation of enlightened men, are in power relationships with women in which they have control and the ability to coerce. I think that once a man who is a batterer comes to grips with the facts that he has no right to exert power and coercion over his spouse, the change may come. It is not his impulses. Clearly, he doesn't beat up his boss. He doesn't beat up his secretary. He doesn't, you know, beat up the kids on the block. It is not impulses; it is a power relationship, and once he comes to grip[s] with the impermissible [sic] and inequity of power in that relationship, and makes a conscious decision not to invoke his power by virtue of his size, by virtue of the culture, then change can occur, but not until that time. (p. 16)

Based on data gathered from a pilot study, Pagelow (1977a) presents four propositions regarding why battering begins and why it continues that are related to the traditional ideology of the subjugation of women to men. These are quoted below:

> (1) the greater the acceptance by the weaker partner of battering as a proper response to stress and the more intense the traditional ideology, the greater the likelihood that battering will occur;
>
> (2) the greater the willingness to invest in conjugal relationships and the more intense the traditional ideology, the greater the likelihood that battering will not result in retaliation or termination of a conjugal relationship;
>
> (3) the more one partner responds to stressful situations by battering, the greater the willingness of the other to invest in conjugal relationships, and the more intense the traditional ideology of both, the more likely battering will occur; and
>
> (4) the less likely retaliation due to battering, the more likely the batterer will continue; the longer the battering continues, the more frequently it occurs and the greater its intensity. (p. 15)

LEARNED AGGRESSION

The family is where the first incidents of violence occur, where they become established, and where they receive their meaning and context. Violent parents become role models for their children, and the physical display of force which children not only witness but perceive as appropriate behavior causes the family to become a "training ground for violence" (Gelles, 1972, p. 10). Conflict-resolution methods used by spouses to resolve marital discord are also often used in disciplining

their children; thus, the cycle continues when these children mature and practice similar behaviors in interactions with their spouses and offspring (Steinmetz, 1977). Research has shown that adults are capable of performing violent acts when they are given reinforcement (Milgram, 1974). Applied to spouse abuse, this would imply that societal attitudes of condoning violence, our male-dominated culture, and the wife's apparent inability to stop the battering because of the husband's greater strength all reinforce and serve to perpetuate this behavior.

STRESS

Persons subscribing to the social structural view of family violence believe that the sources of violence do not reside in the abusive individual or in the relationship, and are not a direct outcome of the influences of a violent subculture. Rather, violence results from environmental stresses that tax a family's or an individual's resources beyond the breaking point and is used by individuals whose learned response to stress, anger, or frustration is physical force. The linkage between lack of resources and type of intrafamily roles and violence has been well stated by Steinmetz and Straus (1974). "When the social system does not provide a family member with sufficient resources to maintain his or her position in the family, violence will tend to be used by those who can do so" (p. 9).

Some stress factors may be chronic and ongoing such as unemployment, presence of an unwanted relative living in the home, or special medical needs of a family member. Others may result from temporary crises that disturb the family functioning and/or upset the normal family structure such as a sudden financial loss, divorce, or death of a family member. Barnett and others (1980) have compiled a list of common stress factors that may trigger violent behavior between spouses who have not learned other ways of controlling frustration and anger. These are summarized briefly below:

1. Geographic isolation--couples without family or friends nearby, without personal outlets and support networks.

2. Social isolation--extremely emotionally dependent spouses who expect each other to meet all of their needs.

3. Economic stress--unemployment or underemployment, especially of the husband, inadequate housing, pressure from creditors.

4. Alcohol and drug abuse--often used as an excuse for violent behavior, arguments about financing the purchase of alchohol or drugs.

5. Family structure and homeostasis--number and ages of children, presence of stepchildren, loyalty conflicts, death or desertion, job and/or career change, sex role changes, inability of the man to adjust to rigid patriarchal role expectations.

6. Medical problems or special needs of a family member--chronic physical illness, children with special problems.

7. Inadequate parental skills--conflict over parental roles, lack of knowledge of parenting, chronic stress in managing children.

8. Pregnancy--an unwanted child, anxiety over providing for the new baby, jealousy over the wife's attention. (pp. 7-9)

Carlson's (1977) study of battered women and their assailants revealed that victims often cited financial and interpersonal stresses as causes of domestic violence. A conceptual framework for the analysis of stress was created by Farrington (1975), who also believes that much aggression within the family can be explained as a response to or as the result of stress. One of the leading researchers in this field (Gelles, 1972) suggests that the location of the violent family in the social structure and the structure of the family itself produce stressful positions that can lead to intrafamilial violence. Other writers (Steinmetz & Straus, 1973) have stated that violence is often compensatory, that it results from lack of adequate resources and from frustrating life experiences that produce intolerable stress for the individual.

Not all experts agree, however, that stress is a primary cause of wife battering. In his testimony before the U.S. Commission on Civil Rights, Clark (1980) stated the following:

> We want to look at the oncoming bad economic times...the poor men being out of jobs and all the stress that that will create and, therefore they wil beat their wives.
>
> Stress isn't the problem; it is something beyond that. It is culturally how we're brought up as men, that we can go home and we can beat our wives; they are our property and we can act violently, and until we examine that and avoid jumping to snap conclusions that alcohol is the problem or stress is the problem, we're not going to get anything done. (p. 220)

The rationale for this posture is that all married couples are subject to stress at certain times in their lives, but only a percentage of husbands or wives choose to

batter one another. Therefore, it is not the stress, per se, but rather learned modes of behavior and social conditioning that cause spouses to act violently.

ALCOHOL ABUSE

The factor most frequently correlated with wife battering is alcohol abuse, and indeed there does appear to be a strong association between alcoholism and marital discord and violence. But it is not clear whether drinking provokes violence or whether people who are inclined to violent behavior are also inclined to drink. Most professionals now agree that alcohol abuse itself is not the major problem; rather, it is a symptom of stress which breaks down inhibitions, causing some men who would not normally injure their wives to do so. Many women have reported being beaten by their spouses only when the husbands have been drinking heavily, and a high proportion of wife batterers appear to have problems with alcohol. It probably can be said, therefore, that while alcoholism is not a direct causal factor in abuse, it often coexists with it.

Gelles (1972) suggests that alcohol may even be used to justify violent behavior by relieving an individual of responsibility for his or her actions. He goes on to say:

> Thus, individuals who wish to carry out a violent act become intoxicated in order to carry out the act...Alcohol leads to violence...drinking may serve as a trigger for long standing marital disputes and disagreements...The existence of suitable and acceptable justifications for violence serves to normalize and neutralize the violence. These justifications also may play a causal role in family violence by providing, in advance, an excuse for behavior that is normally prohibited by societal and familial norms and standards. (pp. 116-117)

PERSONALITY DEFECTS IN THE BATTERER

This subject will be elaborated upon in the next section; however, it should be said here that personality disorders including immaturity, unreasonable jealousy, extreme dependency, and feelings of threat to the husband's masculinity certainly contribute to the lack of control that allows a man to thrash out at his wife with intent to harm her.

CHARACTERISTICS OF VIOLENT SPOUSES/PARTNERS

Over the past five years, with the increased social awareness of and professional attention to the problem of spousal assault, many research studies and clinical reports have attempted to illuminate some of the characteristics of violent marriages, of batterers, and of victims. We still cannot present an accurate profile of "the abusive male," for example, but we are beginning to be able to make some judgments as to the kind of experiences he may have had and the kind of attitudes he may display in a relationship. Two conclusions emerge clearly from the information currently being collected on violent marital relationships: (a) spousal abuse crosses over all socioeconomic classes, races, educational levels, and occupations; and (b) abusive spouses most often either have been abused as children or have witnessed physical abuse in their families over the years. This section brings together what has been learned to date about the characteristics of violent spouses, victims, and violent marriages with the intent of shedding light on the problem. For it is only through understanding that we can begin to design treatment programs that will lift both the abuser and the victim out of a combative relationship. Much of the information presented here is taken from the publication on family violence by Barnett and others (1980) and research conducted by Ganley and Harris (1978) and Rosenbaum and O'Leary (1981).

CHARACTERISTICS OF ABUSIVE COUPLES

Some characterisitics are commonly found in persons involved in violent marriages, and it is the presence of several of the following features that has the potential for violence in the relationship. One or both partners may:

1. have rigid, stereotyped sex roles.
2. have low self-esteem and feelings of worthlessness.
3. idealize the marriage.
4. have been victims of child abuse.
5. have witnessed violence between their parents.

6. abuse and/or neglect their children.

7. have rigid family boundaries.

8. have poor communication skills/patterns.

9. be both socially and emotionally isolated and withdrawn.

10. be extremely dependent on or possessive of each other.
(Barnett et al., 1980, p. 12)

These same authors also describe patterns of interaction in violent relationships, including dominating, violent husband/overwhelmed wife; partners with discrepancies in perceived sex roles; and relationships with simultaneous fighting. The reader is referred to the publication for additional information and descriptive detail regarding these types of interactions.

CHARACTERISTICS OF ABUSIVE MEN

Information about male batterers is difficult to come by due to the reluctance of such men to seek treatment, and the following list of characteristics has been developed from a relatively small proportion of abusive males. The information presented here is summarized from the findings obtained by Ganley and Harris (1978) through their work with individual male batterers, as well as through shared impressions and discussions with other clinicians working in the area of domestic assault. The authors caution that these characteristics "seem to apply in varying combinations to batterers" (p. 3) but that comprehensive research has yet to be done on the full range of psychological and emotional attributes that characterize men who assault their wives.

Dependency. Many men who batter their wives appear to have intense, dependent relationships with them, lack close friends or confidantes, and do not seek intimate relationships with anyone outside the family. Their need for reassurance, comfort, appreciation, and nurturance appears to be insatiable. In the fear that they may lose the source of this nurturance (their wives), some violent husbands typically display attitudes of jealousy and possessiveness, monitor their wives' behavior closely, and attempt in every way to control them. Paradoxically, they despise themselves for their dependency and attempt to deny their own weakness and need through violent displays of power toward their wives. It is as if they are saying, "I

need you; I hate myself for needing you; needing you causes me to doubt my own strength and invincibility; therefore, if I beat you, I show you and myself that I am strong, masculine, and in control, and don't need you."

Inability to express any emotion but anger. Abusive men may be highly competent in verbal skills in their work roles but seem to be unable to give expression to personal feelings. Because of this deficiency, frustration, anxiety, loneliness, even affection come through as anger as these husbands wrestle with their emotions and find themselves blocked in their attempts to say what they think and feel. Violent behavior helps them release these pent-up feelings and is most often directed at their wives, even when the wife is in no way responsible for whatever is causing the husband's distress.

Unrealistic expectations of the spouse. Battering husbands seem to feel that their wives should know what they want at all times, even when they don't communicate their needs. They are self-centered, focused on their own desires, expecting constant and immediate gratification of their every whim, ready to flail out when the wife does not anticipate their wants and/or does something even slightly contrary to their expectations. Wives have been beaten for serving a particular kind of salad dressing, making a mistake in the checkbook, wearing the wrong shoes, responding in the wrong way, or using the wrong perfume.

Lack of self-control. Violent behavior is most often impulsive behavior, expressed without premeditation or thought as to consequences. Battering husbands have neither developed inner controls that help them monitor their behavior nor learned alternative methods of handling stressful emotions. They have a "short fuse" and are inclined to exhibit explosive reactions to even minor annoyances or stresses.

Tendency to minimize and deny. Abusive men tend to deny their violence to others and even to themselves. They cannot or will not admit to the seriousness or severity of their actions, even when the victim is hospitalized, and attempt to minimize the consequences of their behavior. They alternate between remorse and pleas for forgiveness and blaming the victim. Depression and thoughts of suicide are common to some male batterers, and it is thought that these feelings are related to true inner recognition of their inability to control their violent actions and of the damage their behavior has caused or is causing, and to resultant feelings of worthlessness and self-degradation.

History of abuse. It has been mentioned before that persons who exhibit violent behavior are likely to have been abused as children or to have witnessed abuse in their families. This finding has been corroborated throughout the literature in numerous research studies.

Drug and/or alcohol abuse. Professionals believe that substance abuse is not a direct cause of violence but rather a possible excuse for it or a symptom of other kinds of stress. It is recognized that drinking or being "high" releases inhibitions and allows individuals to behave in ways that are atypical of their normal style of functioning. Research shows that men who batter may or may not have a problem with drugs or alcohol (Ganley & Harris, 1978). Some males batter whether they are drinking or not; others batter only when drinking. At this point in the development of research on this problem, we can only say that violence and alcohol abuse appear to be highly correlated but that cause and effect have not been proven.

CHARACTERISTICS OF VICTIMS OF ABUSE

Males. The small amount of research that has been done on female batterers reveals that many wives batter their husbands and that wives are just as apt to use and more often use violence than men (Steinmetz, 1977). One study cited by Steinmetz indicates that approximately 250,000 men are battered by their wives. Little information exists on the subject, probably because it is embarrassing for both spouses and the physical damage to the male is likely to be less severe and less obvious than wife beating. Husbands who are subjected to violence from their wives usually do not retaliate violently because of their reluctance to hit a woman but may counter the abusive actions by trying to make their wives feel guilty. They are reluctant to be perceived as wife-beaters, are usually nonviolent themselves, and want to avoid actions that will exacerbate the situation. Our social mores encourage a man's being the "head of the house," able to control his wife's behavior; that he cannot is embarrassing to him, and admitting that the situation exists causes him to lose his self-respect. Thus, husband beating is rarely reported, which hampers the efforts of investigators to research the problem.

Females. The recent and increasing visibility accorded to spousal abuse and the dramatic growth in safe houses and shelters to protect battered wives have allowed investigators to collect a great deal of information about these women--

their experiences, their reactions, their feelings and attitudes, their psychological profiles. Women who accidentally become involved in a violent relationship and remove themselves from it are seen to have inner strengths, external sources of support, and alternatives for escaping from the situation. Women who remain in a violent marriage and endure frequent or infrequent abusive attacks from their husbands appear to possess the following characteristics:

Lack of self-esteem. Because emotional abuse usually accompanies physical abuse, wives are often told repeatedly that they are stupid, no good, incompetent, bad wives, and poor mothers. Thus, they constantly feel inadequate, unlovable, and without value as human beings. The ongoing ridicule and scorn they experience has a profound negative effect on their feelings of self-respect and self-worth and, even more serious, tends to be self-fulfilling. Their bad marriage really means that they, the victims, have not measured up to their responsibilities to create a productive partnership; it is their own fault that their husbands behave as they do; they deserve the ill-treatment that they are getting, and they are failures as persons.

Lack of control. Battered wives have little confidence in their ability to control their situations. How they behave and the reinforcement they receive for their actions appear to be unrelated to each other. Because what they do or refrain from doing has little effect on the frequency of occurrence or severity of attacks by their husbands, they feel helpless and unable to take any steps to improve their marriages. As a result, they become extremely passive and dependent, even to the point of losing the will to live. The theme of lack of control and helplessness is best illustrated in the testimony of two battered wives:

> I never know when it will happen. Sometimes it's when he has had a bad day at work--but sometimes it's when he has had a good day, too. How can I control it? I never know what will bring it on.
>
> I just really can't do anything about it and neither can anyone else. When he gets angry you just have to bear it 'cause nothing will stop him. (Quoted by Heppner, 1978, p. 524)

History of abuse. This characteristic typifies violent spouses of both sexes (discussed earlier), as well as persons who are prone to act violently in any number of interactions with others. In the case of the abused wife, the conditioning she has received as a child either from physical or emotional abuse to herself or from wit-

nessing violence within the family leads her to accept her role as victim, believing that this is the way most husbands behave and this is her destiny.

Social and emotional isolation. Because wife beating is shielded and kept secret in our society, the abused wife often feels isolated and alone, believing that she is the only battered wife in her community. She is ashamed to share her situation with friends or relatives, preferring to hide physical and emotional wounds. Thus, she withdraws from social contacts, which deepens her already heightened sense of isolation.

Lack of personal and physical resources. Besides the lack of personal inner resources, the abused wife often possesses limited educational, financial, or external resources. She may have little schooling and few or none of the skills that would help her become employable, and also lacks the will or desire to correct those deficiencies. This fact is supported by data collected by the Ann Arbor, Michigan chapter of the National Organization for Women on the battered women and their assailants who came to the attention of their Wife Assault Task Force (Carlson, 1977). From a study of 101 cases about which information was most complete, it was found that one third of both the women and the men had not finished high school, and 25% of the women and 31% of the men were high school graduates with no further educational experience. What was unusual about the findings was that 45% of the women had more education than their partners, a statistic that deviates from the normal pattern in most marriages of higher education for male spouses. This fact would contribute to what has been called "status inconsistencies" in marriage partners, one of the factors that is considered to be contributive to spousal assault.

The battered wife's financial situation may be precarious, leaving her feeling trapped by circumstances. Of the sample studied in the Ann Arbor setting only seven respondents had independent annual incomes of $9,000 or more. The majority of the victims employed outside the home (43%) earned $6,000 to $9,000 per year, and only three of these individuals (7%) had professional positions. The remainder worked in clerical, technical, or unskilled jobs. These data should be treated with caution when making assumptions about the income level of abused women, however, as persons of the middle and upper classes do not normally come to the attention of community social service groups, having other kinds of resources for assistance. Persons with little education, skill-training, or income often feel that a way out of their distress is

not possible because they depend solely on their spouse for financial support. This dependency, coupled with a compulsion to hide what they feel is a shameful problem, keeps them caught in a vicious situation which has no seemingly possible solution.

Stereotyped sex roles. Many women in a violent marriage have been conditioned by their own parental models to adhere to rigidly patriarchal sex roles. The wife believes (along with the husband) that the husband should make the decisions, control the family, exercise the discipline, and handle the finances. Her position is to obey, cooperate, conciliate, and perform traditional wifely duties. If she happens to "step out of bounds" and attempts to establish herself as a person in her own right, she is likely to be punished by her husband for emerging from what is her accepted role and territory. The typical pattern is that she is made to feel guilty for her "misdeeds," promises to improve, tries to placate her spouse, and projects total responsibility onto herself for the ensuing discord in the relationship.

WHY ABUSED WIVES STAY--MYTHS AND REALITIES

Before exploring the complex and unique dynamics that cause a woman to remain with an abusive partner, it may be helpful to discuss some stereotypes commonly held by the public and even by some professionals who may be confronted with the problem of domestic violence in their work with adults. Information on the crime of spousal assault is expanding dramatically, but some myths about abused wives persist. Heppner (1978), Schultz (1960), and Pagelow (1977b) have all identified common myths that seem to resist the accumulating evidence. These are summarized below:

1. Provocation by the victim. The woman is responsible for bringing on the attack; and if she would stop provoking her husband through nagging, insults, and other antagonistic verbal behavior, the battering would cease. This concept reflects society's tendency to blame the female victim when a husband acts violently toward his wife.

2. Masochism. Battered wives really enjoy being beaten and have a need to be beaten. The view held by many people that women like violence affects the way battered wives perceive their own situation as well as the way they are viewed by those from whom they seek help.

3. Alcohol abuse as the cause of violence. Drinking causes men to batter their wives; if they could be made to stop drinking, the beatings would stop.

4. Patriarchal rights. What a man does in his own home is his own business; intrafamilial affairs, including violence, should be kept confidential and not be aired to the public.

5. Hidden reasons for reporting the crime. When a woman reports an assault, she should have to prove that she did nothing to provoke it. She is usually trying to get revenge, she is pregnant, or she has reasons other than the beating itself for seeking assistance.

6. Restriction of wife beating to the lower classes. Lower class men abuse their wives physically because they lack skills of verbal aggression.

Most of the stereotypes cited above place the cause for the partner's violent behavior directly on the abused person, a phenomenon so prevalent that it has been awarded a name in the literature: "blaming the victim." These myths are gradually being dispelled through empirical evidence gleaned from research into the problem of

wife battering. For example, the idea that spousal assault is unique to the lower classes is refuted by many studies showing a high incidence of wife beating among middle and upper class families.

As more is learned about this problem, the question of why women stay in an abusive relationship is commanding increasing attention. If she does not enjoy being beaten, if she does not provoke and is not responsible for attacks by her partner, if she fears her partner, if she is ashamed of her life situation, why does she endure? Why doesn't she take the children and get out?

Gelles (cited in Johnson, 1978), an acknowledged researcher and writer in this area, suggests three major factors that influence the actions of battered wives:

1. The less severe and less frequent the violence, the more a wife remains with her husband.

2. The more a wife was struck as a child by her parents, the more likely she is to remain with her abusive husband.

3. The fewer resources a wife has and the less power she has, the more likely she is to stay with her violent husband. (p. 30)

Certainly every case is different, and there are many variables to account for why a woman tolerates abuse from her husband. One major explanation lies in the negative response from legal and social services and personal associates if she tries to extricate herself from her predicament. As Schuyler (1976) states:

> The woman who attempts to break free of a life-style in which she is subject to abuse by her husband is discouraged by those she perceives as her only sources of aid--police officers claim exemption from intervening in cases of domestic violence; officers of the court refuse to issue warrants for her husband's arrest; public welfare agencies either adhere to emergency service policies that are cumbersome or indicate that services are not available to her; legal service agencies uphold eligibility standards requiring a source of income before services can be rendered; and friends and relatives convey to her the prevailing notion that abuse should be borne in silence. It is the total impact of these combined environmental forces that are weighed in a woman's decision whether to seek assistance. (p. 489)

From a review of extant literature and case interviews, Heppner (1978) found four characteristics to be predominant in the decision of many women to remain with their abusive husbands: "shame, fear, learned helplessness, and the facts of reality"

(p. 523). Shame, embarrassment, and humiliation if they expose their life situation. Fear of reprisal from their husbands for notifying authorities, especially if they do not receive immediate help, or fear of aggravating the attacks even more. Belief that they are helpless to take any decisive action, that the ability to change their lives lies outside of their own control. And reality. What does a woman do who has no job skills, several children to support, no money except that provided by her husband, no place to go, and no support from friends or relatives? Her future may be bleak and her situation close to intolerable, but at least she is able to feed and clothe her children and has a roof over her head.

For many women being married is the only acceptable life style, and their fragile self-concept depends a great deal on social approval. To expose their situation and subject themselves to a life without a husband requires more courage than they can muster. The need for security and the fear of loneliness also bind many wives to their abusive mates; their hunger for affiliation with another human being is so strong that many will sacrifice pride and self-respect to keep the marriage together. Some wives are simply ignorant of sources of help within their community, of social or legal services that could help them alter their unhappy plight. And some wives still love their husbands. The affection that they felt for their partner in the early stages of the relationship remains, even in the face of shocking physical and/or emotional abuse, and they cling desperately to the belief that the abuse will stop. This is especially true if the wife feels that in spite of his treatment of her, her spouse is a good father to the children.

The decision of the affluent woman to tolerate her spouse's violent behavior may be influenced by many of the above-mentioned factors, but for her the situation presents an additional risk. Her fear of experiencing a dramatic loss of income and life style change may be a strong deterrent to her desire to leave her husband. Her more plentiful financial resources allow her more freedom than her poverty-stricken sister, and she may not feel quite as trapped by circumstances. As she weighs the positive aspects of a comfortable life style against the negative actions of an abusive husband, she chooses the former and resists making change.

No research study supports the idea that wives remain with abusive spouses because they enjoy being beaten. In fact, the reasons stated in this section are the ones most often revealed by women who come to the attention of counseling practi-

tioners, social workers, and law enforcement personnel. As attitudes change toward the rights of women and toward the equality of the sexes, it is expected that men's perception of their power over women and their patriarchal rights in the family will change, and that society will offer more valid and more immediate aid to battered wives so that no woman will have to endure abuse from her husband.

SOURCES OF HELP FOR ABUSE VICTIMS

Spousal violence can come to the attention of authorities in a number of ways, either directly or indirectly, but most often from the battered wife who is almost always the assault victim. Desperate calls to the police during the act of violence are most common; the wife also may seek help through a community hotline or from the local social services department, the family physician, a clergyman, a local women's group, a community violence task force, a crisis center, a mental health center, or legal authorities. Violence may be discovered by human service agency personnel, physicians, or other helping professionals when a request for help is made for another kind of family problem. Battering may be identified through questioning regarding the cause of a physical injury or from a report by a child, a neighbor, a relative, or a family friend to a teacher, counselor, or social service authority. When a request for direct help is sought during an assault, from whatever source, the response must be immediate. Protection of the victim is always the first priority, which may mean arresting the husband and removing him from the premises or finding emergency shelter for the wife and her children.

COMPONENTS OF A COMPREHENSIVE SERVICE SYSTEM

A comprehensive service system for family violence depends on a community's commitment to accept responsibility for the problem, on the availability of funds, and on existing resources (staff and facilities). Essential components of an effective community program are a 24-hour walk-in crisis center where women can receive emergency assistance; emergency housing of various kinds, including shelters and volunteer homes; trained law enforcement personnel; free or sliding-scale legal services; a mobile crisis team that can provide immediate crisis intervention, transportation to medical services or emergency shelter, consultation and referral, and follow-up services; and volunteers who can fulfill a variety of roles within the entire system. Staff in any of these program components should represent all community cultural groups and be able to speak the client's primary language.

SHELTERS OR SAFE HOUSES

A serious movement to recognize spousal assault as a problem of major proportions in the United States and to protect female abuse victims began in about 1975. As early as 1964, however, a refuge for assaulted women called Haven House was opened in Pasadena, California, and is believed to be the first of its kind in the country. Rainbow Retreat in Phoenix, Arizona was founded in 1973; and since that time there has been a veritable ground swell in the growth of safe houses and shelters until in 1979 it was estimated that there were more than 300 shelters nationwide to protect battered women and their children (Fleming, 1979). With the heightened visibility accorded to spousal assault and increased awareness by communities of their responsibilities in regard to the problem, we can safely assume that this number of 300 has grown much larger.

Shelter personnel strive to create an environment of stability and safety for battered wives and their children at the time they decide to leave the abusive situation. But their goals are far broader than mere provision of a temporary refuge. We have already noted the sense of isolation felt by the many abused women who have experienced a negative response to their needs from various social or legal agencies. In the shelter they become part of a community of others like themselves and, perhaps for the first time, experience a camaraderie and support that reduces their feelings of aloneness. Counseling services are also provided to assist the women to ventilate and sort out their feelings, explore alternatives, and make immediate plans for what they will do next. The women gradually learn to become more assertive and self-directed and come to realize that they can take control of their lives, can take action to stop the abuse, and can, if need be, survive independently with their children. Shelter counselors also attempt to meet the diverse needs of the children who come from the battering situations, a monumental task that they frequently are unable to accomplish because of staff and funding limitations. Other goals of women's shelters are to educate the public about the problem of domestic violence, including the social and financial realities for the victims, and conduct training sessions for police personnel that sensitize them to the complex dynamics of family violence and to appropriate roles for them to take in responding to pleas for help.

It should be stated that hardly any shelters are able to address all of the problems involved in a woman's leaving her home, such as educational and vocational training, because of severe funding shortages. They are usually overcrowded, poorly furnished, and understaffed; and each year many face the possibility of closing. In the light of these obstacles, however, they fight on, and much has been written about the necessity for them and about the good work that dedicated shelter staff do for the battered women and their children who seek their help.

REPRESENTATIVE PROGRAMS

Many programs have been developed to address the needs of battered women, often targeted to clients that have sought refuge in a community safe house or shelter. Some examples are the Battered Women Project in Dayton, Ohio (Jansen & Meyers-Abell, 1981), which was a pilot project designed to raise women's consciousness regarding sex role stereotyping, to refer clients to appropriate community resources, and to teach basic communication skills and assertiveness training in a supportive group environment. The Austin, Texas Coalition on Battered Women created a Center for Battered Women in 1977 (Longtain, 1979) that offers emergency housing, counseling, referrals and advocacy, and information for the public at large. Women receive individual counseling, create a plan outlining goals to be worked on during their stay at the Center, and participate in child-management, Al-Anon, and problem solving support groups. As Longtain indicates, the Center provides a place where a battered wife "can find relief in sharing her long kept secret" (p. 30).

The Victim Witness Advocacy (VWA) program of Pima County, Arizona (Lowenberg, 1977) offers four primary support services to battered women who wish to leave their homes immediately:

> Meeting the women at their homes; transporting them to a hospital for medical care or to a friend's home for temporary housing; finding emergency housing if necessary, including VWA staff members' homes in some instances; and obtaining food for the women and their children. (Cited in Johnson, 1978, p. 47)

If the women wish to terminate their marriages, the VWA program also provides legal aid, referral to public welfare programs, moral support, and job placement.

The Abused Women's Aid in Crisis (AWAIC) program (Roy, 1977) works to inform the public of the problems of abused women, provides services to victims, acts as a national clearinghouse of information and referral, operates a 24-hour

hotline, and conducts training workshops for agency and lay personnel on the problem of domestic violence.

Members of some communities have sought alternatives to the slow-moving and typically nonresponsive criminal court system. The Miami-Dade County, Florida Citizen Dispute Settlement Center (CDSC) (Dellapa, 1977) is one such program. The CDSC provides professionally trained mediators to listen to complaints, counter-complaints, and defenses in an informal setting and develops written agreements between the parties. In its first 6 months of operation, the CDSC handled 2,063 cases and successfully resolved 94.9% of them; the wait time from date of complaint to hearing was cut from 94.3 days through the criminal system to 7.2 days through CDSC. Another such group is the Home Advisory Council (Olsen, 1972), a service agency staffed by trained volunteers designed to handle allegations of assault between family members before they come to the attention of legal authorities. Police crisis teams comprised of a police officer and a social worker combine services in Pawtucket, Rhode Island to counsel clients in their homes or in the police station immediately after police referral (Burnett et al., 1976).

The programs cited here are a sampling of what is being done across the country to care for victims of spousal assault. Public awareness has demanded action, and community groups, states, and the Federal government are beginning to shoulder the responsibility of caring for battered women with commitment and dedication. While funding is still a serious problem for ongoing programs, the heightened visibility accorded to this serious social problem should make more financial aid available as time goes on. It is interesting to note that many programs originally designed for female victims are now including treatment for assailants and/or conducting training sessions for police personnel to alert them to the dynamics of family violence and their appropriate role in responding to calls for help.

BATTERED WIVES AND THE LAW

Laws regarding domestic violence vary from state to state and offer different services and alternatives for victims. As of 1980, approximately 38 state legislatures had taken steps to provide more stringent laws and more practical and immediate relief for assault victims. Definitions of what constitutes abuse also differ among the states, as do criminal statutes, civil protection orders, and penalties for violation thereof. Lack of enforcement, inaction by police officers, filing of less serious charges by prosecutors because of the fact that the violation has occurred in the family, and the view by many judges that violence in the home is less serious than violence against a stranger are continuing problems. Some states now have legislation which authorizes shelters for assault victims, guidelines for services to battered women, and regulations regarding data collection.

POLICE

The police have been severely criticized for their failure to respond to domestic disturbance calls, or when they do, to take appropriate action against the assailant. There are several reasons for this. First of all, police officers are acutely aware of the danger they face in trying to intervene in a family fight. With such a highly charged emotional situation, the officer is as liable to be attacked as one of the partners. Indeed, as Twitchell (1980) testified in a hearing before the U.S. Commission on Civil Rights, "more officers are killed in family situations than probably anything else" (p. 51). Although some recent studies have shown that the peril of police is exaggerated (Margarita, 1980), the fact remains that many police officers perceive themselves to be entering an explosive situation which may endanger their own lives.

Formal departmental behavior codes also affect the willingness of police officers to respond to such calls for help. Nonresponse is the policy in some police departments, and one officer in Pennsylvania testified that personnel in his department responded in person to only one out of five or six domestic disturbance calls.

> If there's a threat of abuse or if there's abuse going on at the time, we always respond, but we use the guideline that, if the problem is already resolved, we give them the various agencies that can assist them or the district justice's telephone number. If they don't have transportation there, we will transport them. (Krammes, 1980, p. 131)

A 1979 study of police action in Kentucky revealed that police failed to respond to 17% of all calls for help from battered women (State of Kentucky, 1979).

A further complication in police officers' intervention in domestic problems is the confusion and fear of the woman and her uncertainty about what to do. She may be torn between signing a complaint and losing the breadwinner, between having him arrested for his abusive behavior and being subjected to even further violence when he is released. Police also become frustrated when they are summoned to the same house a number of times, homes in which violence occurs frequently and almost regularly (especially at nights and on weekends), knowing that their efforts are probably fruitless, that the woman really does not want to prosecute—she just wants temporary help.

Many police officers are instructed to "calm the situation, to keep control, to protect the participants, and to try to keep it out of the legal field and to recommend outside agencies to handle the problem" (Gibney, 1980, p. 37). Some victims are reluctant to prosecute; but even when they do want their husband arrested, officers do not always comply because they know from experience that many wives will later change their minds after the "cooling off" period. For example, more than half of the arrests in domestic assault cases from a recent study of Phoenix police reports were terminated at the victim's request. Lack of warrant also prohibits some arrests in cases where police may doubt that a felony (aggravated assault) has been committed.

In recent years police have tried to adopt crisis intervention techniques for dealing with family violence which, although they may be appropriate in cases of verbal disputes, many experts believe have no place in the arena of physical assault. A better solution appears to be to separate the victim and the assailant for a time, rather than make an arrest; in such cases, shelter facilities for battered women and their children provide a vital service.

THE COURTS

Organization of the legal system and laws regarding domestic violence vary considerably from state to state, contributing to the general confusion about whether spouse abuse is a criminal or civil matter and which court has jurisdiction. Most cases of domestic violence never get farther than entry-level courts, if they get that

far. In fact, "the odds against a spouse abuse case ever reaching the courtroom have been estimated at 100 to 1," according to an Oakland, California police official (Martin, 1978, p. 213). Prosecuting criminal charges does have several disadvantages: the process is exceedingly slow; and if the assailant is released on bond, he may return home angrier than ever and renew his attacks on his wife. If he is jailed, his income is lost, and attorney and court fees are high. Instead of incarcerating convicted wife beaters, many judges tend to impose probation, suspended sentences, or deferred judgments, dispositions not commensurate with what is now called a crime in every state in our country.

Failure to impose meaningful penalties when abusers violate protection orders is another common complaint against judges, which acts to weaken the wife's position. Many judges admit that they treat assault in the home differently from assault in the street, and this double standard has inflamed many advocates of battered wives. The fact that many victims drop charges because of financial dependence on their husbands, previous lack of enforcement from the legal system, or any other number of reasons, causes some judges to become skeptical, believe that the wives are "playing games" with the court, and treat cases of family violence with less seriousness than they merit. Since only the most flagrant and severe cases of spouse assault ever reach the court, many judges view such cases as isolated incidents of aberrant behavior, refusing or being unwilling to acknowledge spouse abuse as a widespread social problem. In misapprehending the true nature of domestic violence, judges only exacerabate the problem.

The power of the judge is practically limitless, and experts agree that changes in judicial attitudes and practices in cases of wife beating are crucial. As one judge stated in her defense of the judiciary, however, and an example of the fact that the situation may be changing for the better:

> The only thing I have to say about judges is that we range all the way from horrible to excellent. While some of the horrible ones, I am sure, have done all the things that they have been accused of doing, I will assure you that many judges are most objective and sympathetic. Being judges of credibility, we do not always discount what the wife says. (Stout, 1978, p. 32)

ALTERNATE LEGAL INTERVENTIONS

When criminal complaints are channeled away from the formal criminal process with no judgment as to guilt or innocence and no punishment, they are called "victimless" crimes; programs to deal with the litigants are called diversion programs. Champions of battered wives feel that crimes of violence are not appropriate for this method of treatment and that by using these remedies the courts are denying women the protection that they need. But because of the failure of the criminal justice system to respond effectively to cases of wife beating, women have often had to rely on these other types of remedial action, even though the implication is that they are a party to their own abuse.

Several types of diversionary programs are now operating in courts around the country:

Informal hearings. This practice provides a forum wherein a hearing official listens to both sides of the story, attempts to reconcile the parties, and in general tries to keep the family together. Often, however, the victim is afraid to speak openly about her husband's attacks or to explore various alternatives that might be available to her in the presence of her husband and the hearing officer. Sometimes women are persuaded against their will to drop charges or become frustrated because the hearing officer sides with the husband or in other ways exhibits lack of understanding of the seriousness of her situation.

Mandatory counseling and therapy. This legal alternative requires the defendant to receive counseling regarding his behavior, which can occur either before or after a trial. The compulsory nature of the therapy has been highly criticized because it does not insure that the batterer recognizes the seriousness of his problem and allows him to evade criminal prosecution for his abusive actions. Some programs of this nature are only available to first offenders. Those who violate the terms of the program are referred back to the court for prosecution.

Mediation programs. In this type of program the couple usually meet with two mediators, a man and a woman, to find some amicable solution to their situation, with no blame placed on the abuser and both parties sharing equal responsibility for "their" problem. Critics believe that mediation and arbitration are totally inappropriate for the crime of wife beating, that in these situations the imbalance of power is obvious and the parties are not equal, that wife battering is not a behavior pattern

that can be altered in one or two verbal sessions, that such attempts to resolve the problem remove the criminality of the offense and announce to society that wife beating is not a crime. The abuser does not have to accept responsibility for his behavior and receives no penalty if he goes through with the program and resolves to try to stop his abusive actions. As a result many victims choose to prosecute rather than be involved in mediation, preferring to take the problem to court, put it on record, and have the judge impose a verbal reprimand, issue a restraining order, put their husbands on probation, or send them to jail.

For a fuller and more detailed discussion of the relationship of the various components of the justice system to the problem of spouse abuse, the reader is referred to Under the Rule of Thumb--Battered Women and the Administration of Justice, a Report of the U.S. Commission on Civil Rights published in January, 1982, based on a 1978 Commission consultation held in Washington, DC, as well as field studies and public hearings held in Phoenix, Arizona and Harrisburg, Pennsylvania in 1980.

RECOMMENDATIONS FOR FUTURE ACTION

A review of the discussion and findings contained in this portion of the monograph suggests that large-scale community change is necessary before battered wives can look toward improvement in their situation. Major changes usually occur incrementally through lesser but significant changes in relevant areas. Therefore, we offer the following conclusions and recommendations:

1. Our review would suggest that the counselor has a crucial role to play in helping abused spouses make important life decisions and gain control of their lives. No other person has as great a potential for being a source of immediate and continuing help than a counselor or human services specialist.

2. So many positive and appreciative comments have been expressed regarding the work of counseling aides, paraprofessionals, and volunteers that it is apparent that counseling assistance need not be provided solely by credentialed human services specialists. Committed and well-supervised volunteers or counseling assistants, particularly when they are of the same sex as the battered person, can provide extremely meaningful emotional support in helping the individual to work through problems and decisions. Their ability to offer support and encouragement to individuals or groups of battered spouses and their intense commitment to and interest in each person with whom they work is an important therapeutic "plus." Often their lack of a professional credential is more than compensated for by their ability to empathize and to commit and involve themselves fully in the process of discovery and development by the battered person.

3. State laws protecting battered spouses, particularly women, are on the increase, but many are still archaic and need major changes. The legal structure in many states makes prosecution of offenders tortuous, demeaning to the victim, and almost impossible to execute. Spouse abuse needs to be recognized for what it is--a crime--and appropriate statutes need to be developed to punish offenders. While an adequate legal system will not in itself prevent or eliminate spouse abuse, it can create the essential foundation for communicating a community's unwillingness to condone criminal behavior and its intent to provide swift and appropriate penalties for abusers. Through their knowledge of the effects of spouse abuse, counselors and

other human services specialists are in an excellent position to promote new and more effective legislation, provide expert testimony and leadership, and create the broad-based support necessary to bring about changes in the state legal structure.

4. Broad and conclusive evidence underscores the need for developing a larger network of refuge centers for battered wives. The continuing support and assistance of a wide range of human resources is necessary if battered wives are to receive the requisite rehabilitative care and protection. Removing the battered wife from the violent situation is not sufficient in itself; simply moving her to a motel or other isolated location will not provide her with the basic support and psychological re-adjustment counseling that she requires. What is needed is the establishment of a variety of refuge centers for battered wives at different stages in their experience. It is also important that such centers not be built on a common model, but that each have its own particular resources and identity.

5. Concurrent with the need for more refuges for battered spouses is the need for services for abusers and training for law enforcement personnel. Battering spouses need psychological counseling that leads them first of all to admitting their wrongdoing and then to finding alternative ways of coping with their aggressive impulses. If the treatment does not change the male batterer's perception of our culture as being aggressively male-oriented, then it is unlikely that it will do much good. It is therefore essential that male support groups similar to Alcoholics Anonymous be established in which each batterer participates in activities which negatively reinforce violent behavior and positively reinforce peaceful methods of handling aggression. Battered wives have testified that among the least successful forms of assistance are those provided by police who have not received specific training in dealing with family violence. All police personnel need instruction in when and how to intervene in difficult family situations and what are appropriate responses in cases of wife-beating. Workshops providing such information and experiences have been shown to be highly successful in changing both the attitudes and the behaviors of police personnel and are an absolute must if abused spouses are to perceive police as helpful.

6. Programs for assisting battered wives are likely to come to naught unless they have broad-based community support. And this support will not be forthcoming without concerted effort by many individuals and groups to promote community

awareness of the prevalence of spouse abuse and the needs of battered wives. Community awareness workshops involving representatives from many professional specialties, as well as from the legal and political systems, can be extremely effective in increasing community awareness and creating a community conscience which can become the springboard for positive action programs.

7. Hotlines to provide emotional support and immediate information for women are of enormous importance. The typical battered wife is unknowing and unsure as to how and where assistance may be obtained, and a well-advertised and available source of telephone help is critical if victims of abuse are to find the help they need. Hotlines have proved in numerous instances to be priceless sources of strength in helping abused wives to make the necessary decisions for change and improvement in their situation.

8. Professional training programs for counselors and other human services specialists should include a special component on how to deal with spouse abuse. Courses that identify the needs of battered spouses and trace the history and development of successful treatment programs, as well as field placements in crisis and refuge centers, should become an important part of the educational experiences of all adult counselors and human services specialists. At the present time, there is a dearth of professionally trained people in this field. But even adult counselors whose major specialty is in an area other than spouse abuse will frequently encounter both abusers and victims of abuse, and they need at least the basic rudiments of a strategy and skill in responding to them.

9. There is a paucity of adequately designed research studies that document the extent and impact of abuse or the effectiveness of different intervention strategies. Testimonial evidence, however eloquent and compelling, is not sufficient to convince decision-makers and funders of the need for services, especially when funds for human services are diminishing--even in the face of expanding needs. Therefore, a portion of the available resources should be earmarked and utilized for undertaking definitive research, particularly regarding the quality and effectiveness of different methods of prevention and treatment. More long-term research focused on the characteristics of abusers is certainly important, but the more pressing need is to improve the quality and efficacy of services available for those who have been and are being abused.

The true magnitude of spouse abuse is hard to comprehend. By all available barometers, it pervades our family life and diminishes the dignity of those it touches. Human services specialists, as well as our society in general, have shied away in the past from directly responding to the needs of both the battered and the batterers. Like a class of untouchables, the battered spouse has existed among us, afraid and ashamed to ask for help. Why ask for help if you are uncertain that your pleas will be heard or answered?

Strategies and resources now exist for assisting the perpetrators and the casualties of abuse. Human service specialists must answer to their own consciences if they refuse to utilize their skills to work to eliminate this blight on our society. A commitment on the part of each counselor and human service specialist to awaken our society to the degrading effects of abuse will help. Extending a helping hand to abused spouses will begin an end to the sad neglect of thousands of needful people.

REFERENCE LIST
(Spouse Abuse)

Barnett, E. R., Pittman, C. B., Ragan, C. K., & Salus, M. K. Family violence: Intervention strategies. Washington, DC: U.S. Department of Health and Human Services, Office of Human Development Services, U.S. Government Printing Office, 1980.

Becker, J. V., & Abel, G. G. Physical, psychological, and economic victimization of women. Quarterly Journal of Corrections, 1977, 1(4), 18-24.

Bradley v. State, 1 Miss. 156, 1824.

Bureau of the Census. Current population reports: Marital status and living arrangement (Series P-26, No. 338). Washington, DC: Author, 1979.

Burnett, et al. Police and social workers in a community outreach program. Social Casework, 1976, 57(1), 41-49.

Carlson, B. E. Battered women and their assailants. Social Work, 1977, 22(61), 455-460. (EJ 169 352)

Clark, S. Testimony at a hearing before the U.S. Commission on Civil Rights, Harrisburg, PA, June 1980.

Davidson, T. Wife beating: A recurring phenomenon throughout history. In M. Roy (Ed.), Battered women--a psychosociological study of domestic violence. New York: Van Nostrand Reinhold, 1977.

Davidson, T. Conjugal crime. New York: Hawthorn Books, 1978.

Dellapa, F. Mediation and the community dispute center. In M. Roy (Ed.), Battered women--a psychosociological study of domestic violence. New York: Van Nostrand Reinhold, 1977.

Farrington, K. Toward a general stress theory of intra-family violence. Paper presented at the annual meeting of the National Council on Family Relations, Salt Lake City, August 1975.

Fields, M. D. Wife beating: The hidden offense. New York Law Journal, 1976, 175(83), 1-7.

Fleming, J. B. Stopping wife abuse. New York: Anchor Press, 1979.

Flynn, J. P. Recent findings relative to wife abuse. Social Casework, 1977, 58(1) 13-20.

Fulgham v. State, 46 Ala. 146-47, 1871.

Ganley, A. L., & Harris, L. Domestic violence: Issues in designing and implementing programs for male batterers. Paper presented at the annual convention of the American Psychological Association, Toronto, August 1978. (ED 167 871)

Gaquin, D. A. Spouse abuse--data from the national crime survey. Victimology, 1977-1978, 2(3), 632-643.

Gelles, R. J. The violent home--a study of physical aggression between husbands and wives. Beverly Hills, CA: Sage Publications, Inc., 1972.

Gelles, R. J. No place to go--the social dynamics of marital violence. In M. Roy (Ed.), Battered women--a psychosociological study of domestic violence. New York: Van Nostrand Reinhold, 1977.

Gibney, R. Testimony at a hearing before the U.S. Commssion on Civil Rights, Harrisburg, PA, June 1980.

Hart, B. Testimony at a hearing before the U.S. Commission on Civil Rights, Harrisburg, PA, June 1980.

Heppner, M. J. Counseling the battered wife: Myths, facts, and decisions. Personnel and Guidance Journal, 1978, 56(9), 522-525. (EJ 183 064)

Jansen, M. A., & Meyers-Abell J. Assertive training for battered women: A pilot program. Social Work, 1981, 26(2), 164-165. (EJ 243 595)

Johnson, C., Comp., et al. Spouse abuse: A selected bibliography. Germantown, MD: Aspen Systems Corp., 1978. (ED 174 092)

Krammes, S. Testimony at a hearing before the U.S Commission on Civil Rights, Harrisburg, PA, June 1980.

Langley, R., & Levey, R. C. Wife beating--the silent crisis. New York: E. P. Dutton & Company, 1977.

Longtain, M. Family violence: The well-kept secret. Austin, TX: Texas University, Hogg Foundation for Mental Health, 1979. (ED 177 410)

Lowenberg, D. A. Conjugal assaults--the incarcerated or liberated women. Federal Probation, 1977, 41(2), 21-13.

Margarita, M. Killing the police: Myths and motives. Annals of the American Academy of Political and Social Science, 1980, 452, 63-71.

Margolin, G. Conjoint marital therapy to enhance anger management and reduce spouse abuse. Los Angeles: University of Southern California, Psychological Research and Service Center, 1979. (EJ 204 270)

Martin, D. Battered wives. San Francisco: Glide, 1976.

Martin, D. Battered women: Issues of public policy. Consultation statement sponsored by the U.S. Commission on Civil Rights, Washington, DC, January 1978.

Milgram, S. Obedience to authority. An experimental view. New York: Harper & Row, 1974.

Olsen, A. J. Volunteers as family counselors. Paper presented at the National Conference on Social Welfare, 1972.

Pagelow, M. D. Battered women--a new perspective. Berkeley: University of California, 1977. (a)

Pagelow, M. D. Blaming the victim--parallels in crimes against women--rape and battering. Paper presented at the annual meeting of the Society for the Study of Social Problems, Berkeley, 1977. (b)

Rosenbaum, A., & O'Leary, K. D. Marital violence: Characteristics of abusive couples. Journal of Consulting and Clinical Psychology, 1981, 49(1), 63-71. (EJ 241 995)

Roy, M. (Ed.) Model for services. In M. Roy (Ed.), Battered women--a psychosociological study of domestic violence. New York: Van Nostrand Reinhold, 1977.

Schultz, L. G. The wife assaulter. Corrective Psychiatry and Journal of Social Therapy, 1960, 6, 103-111.

Schuyler, M. Battered wives: An emerging social problem. Social Work, 1976, 21(6), 488-491.

State of Kentucky, Commission on Women. Survey of spousal violence against women in Kentucky. Frankfort, KY: Louis Harris & Assoc., 1979.

State v. Oliver, 70 N.C. 60, 61-62, 1874.

Steinmetz, S. K. The cycle of violence: Assertive, aggressive and abusive family interactions. New York: Praeger, 1977.

Steinmetz, S. K., & Straus, M. A. Family as a cradle of violence. Society, 1973, 10(6), 50-56.

Steinmetz, S. K., & Straus, M. A. (Eds.). Violence in the family. New York: Harper & Row, 1974.

Stout, J. K. Battered women: Issues of public policy. Consultation statement sponsored by the U.S. Commission on Civil Rights, Washington, DC, January 1978.

Straus, M. A. Wife beating--how common and why? Victimology, 1977-78, 2(3-4), 443-458.

Straus, M. A., Gelles, R. J., & Steinmetz, S. K. Behind closed doors: Violence in the American family. New York: Anchor Books, 1980.

Twitchell, R. Testimony at a hearing before the U.S. Commission on Civil Rights, Phoenix, AZ, February 1980.

U.S. Commission on Civil Rights. Under the rule of thumb: Battered women and the administration of justice. Washington, DC: Author, 1982.